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ABSTRACT

The Road to Success (RtS) program was designed to introduce hard-to-employ adults with learning disabilities and other cognitive barriers to ways of learning that are will enable them to learn the skills and knowledge they will need as employees and in their everyday lives. Originally developed to serve welfare recipients in Kansas, RtS was eventually expanded to serve all clients of the Kansas Department of Social and Rehabilitation Services. The RtS curriculum, which was delivered in 6-week workshops by community college instructors, was based on a cognitive model of adult learning, featuring techniques such as advance organizers, explicit description, verbal rehearsal, modeling, and specific feedback. In addition to teaching transferable learning strategies, the curriculum focused on the following "soft skills" so strongly supported by the employment sector: social skills, sense of community, self-determination, employability skills, and knowledge of employment rights and responsibilities. The program has proved highly successful. Sixty-three percent of RtS attendees successfully completed the workshop. Pretest/posttest data established that all participants made measurable gains in their sense of work ethic, self-sufficiency, positive attitude, and communication skills. Close collaboration between the RtS participants' case managers and their RtS instructors was deemed a key factor in the program's success. (Forty-six tables are included. Fourteen charts and a 22-item bibliography are appended.) (MN)

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Welfare-to-Work and Learning Disability Interventions in Kansas Community College Settings: Phase IV, Learning Disability Assessment Project

Project Final Report

Submitted to the Kansas Department of Social and Rehabilitation Services
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Executive Outline

This Final Report on *Welfare-to-Work and Learning Disability Interventions in Kansas Community Colleges Settings* is submitted in the context of other recent documents that are relevant to the task of serving this population. The U.S. Inspector General in DHHS recently published "*State Strategies For Working With Hard-To-Employ TANF Recipients*". As "hard-to-employ", these recipients often live with more than one barrier to finding and sustaining work, including: substance abuse, domestic violence, learning disabilities, chronic health issues, mental health issues, physical disabilities and language barriers. Two points have been identified from this text as meaningful here:

- Few (9) States report using pilot programs to implement new approaches for any of the populations identified as having these barriers.
- States are less likely to grant exemptions to recipients with substance abuse issues, language barriers, or learning disabilities.

The Urban Institute recently published *"New Federalism: National Survey of America's Families"* (September, 2002). This research reports that many of the families exiting welfare since 1996 had returned to welfare within a relatively short time. Such 'cycling' raises questions about what welfare (and other) programs could do to help recipients who are leaving welfare to "stay off." Some people suggest that welfare offices extend services to include individuals who have recently left welfare, especially those with characteristics associated with higher return rates. They also suggest that many TANF leavers need *different* kinds of help as they transition from receiving benefits.

Road to Success is an example of a different kind of help. The curriculum materials were designed specifically to address the needs of adults with learning disabilities and other cognitive barriers to learning. Also, RtS classes had many participants with substance abuse, domestic violence, and chronic health issues. The key innovation is the integration of a cognitive instruction model that not only meets the "classroom" learning needs of these participants, but also introduces them to ways of learning that are transferable into everyday life and work settings. That is, recipients learn new tools for learning that are appropriate to their needs as learners and employees.

The results of this project appear to be positive. They also appear tied to the RtS curriculum and instructional methods. A positive outcome was participation. Sixty-three percent of those who attended successfully completed the six-week long workshop. Pre/post data shows increases for all participants regarding their sense of work ethic, self-sufficiency, positive attitude, and communication skills. Differences between the Higher and Lower cognitively functioning groups were observed. More "Lower" cognitively functioning participants completed RtS than did the "Higher" cognitively functioning group, suggesting a good fit between the curriculum and the targeted population. The "Higher" cognitively functioning group indicated greater levels of frustration at work/school, need for help with communication issues in general, and conflict management issues both at home and on the job; they also were more likely to have a history of health related difficulties. A component that appears to be critically important to successful programmatic efforts like RtS is system integration or close collaboration. That is, the participants benefited from the close collaboration of their case managers with RtS instructors especially in terms of encouraging and supporting attendance and engagement in the workshop goals.

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SECTION I

Project Description

This project was a collaborative activity among several agencies directed towards improving the self-sufficiency of TAF, WtW, and VR clients. This activity is the fourth phase of a broader initiative undertaken by the Kansas Department of Social and Rehabilitation Services [Economic and Employment Support Division]. Initially, titled "*Welfare to Work and Learning Disabilities Interventions in Kansas Community College Settings*", the project is also known and accurately titled as "*Increasing Self-Sufficiency Among TAF, WtW and VR Clients with Significant Barriers to Learning and Performance*". Both titles accurately reflect complimentary activities and goals within the project.

Extensive research has demonstrated that intensive case management and intensive instruction directed towards participants' clearly defined goals can lead to successful outcomes. Our research and demonstration project incorporates a six-week job-readiness curriculum titled *Road to Success* (RtS) delivered by instructors using an innovative, cognitive-oriented instructional model in which they have been specifically trained. The overarching research question is what is the relationship among a participants in this workshop and (a) the case managers' and contract service providers' level of support, (b) the formal communication patterns among the various stakeholders (including the participants), and (c) the participant's attendance and completion of the curriculum.

Project outcomes were anticipated to include content, staff development, and evaluation materials in the following four areas: participant assessment, RtS curriculum, instructional principles, and administrative guidelines. These materials would then be available for use in other SRS sponsored projects.

The problem described

Specific learning disabilities (SLD) and other barriers to learning have a significant impact on a person's life-long ability to learn and complete common activities associated with employment, education, personal competence, and community participation. KSRS staff responsible for TAF recipients identified the assessment of learning disabilities as a top priority. This priority was identified and emphasized, in part, as a result of the KSRS adoption of the *Adult Learning Disabilities Screening Battery* was developed, field tested, and validated (1997). This battery is used nationally and is included in the intake assessment of all Kansas residents for Temporary Assistance to Families in SRS offices.

The challenge then became a matter of developing both the methods and the materials that would facilitate an increase in self-sufficiency, especially in terms of job readiness and retention, for TAF, WtW and VR clients who have been identified as having a learning disability. No intensive, research-based interventions for these individuals were currently available for these clients. The *Road to Success* curriculum materials with its specialized teaching method were developed as a response to that void.

In response to the needs of the population now identifiable as having specific learning disabilities, community college representatives (Labette and Neosho, and Kansas City, KS)

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met with staff to begin development of a curriculum (*Road to Success*) for adults with learning disabilities who also have a history of TAF and welfare to work program participation. Kansas SRS and KDHR provided resources that supported the curriculum development and limited pilot testing at Neosho and Labette community colleges in spring, 2000. This project was designed to research and demonstrate the degree of their effectiveness.

The project goals and implementation

The particular goals of the project were initially to provide an effective framework for increasing the self-sufficiency of participants with identified learning disabilities through (1) completion of the RtS curriculum and (2) the collaborative efforts of community agencies and employers. This framework was later expanded to include all adults (in the SRS client population) who had formally determined low cognitive ability (specifically, IQ scores from 70 to 85). Ultimately, because both LD diagnoses and/or official IQ scores were frequently unavailable on clients, participants were determined to be eligible for referral to RtS if they had CASAS appraisal scores between 211 – 235 on Verbal and between 201 – 235 on Math. A second goal of the project was to assist community agencies to institutionalize the *Road to Success* framework for supporting participants beyond the grant period.

Implementation of the project required coordinating referrals from each local SRS office to existing educational programs with community colleges. The Road to Success curriculum was delivered in a six-week workshop, conducted five days a week for four hours a day. Four days each week were in-class; the fifth day was for scheduled work with individual participants, and their communication with case managers, contract service providers, employers, and others. Instructors were available prior to and after the session (up to 1 hour/day).

One key innovation in the *Road to Success* curriculum is the fact that the instructional methods are based in a cognitive model of adult learning (e.g., advance organizers, explicit description, verbal rehearsal, modeling, and specific feedback). Instructors were given specific, intensive instruction in the use of this instructional model. The curricular *content* was focused on the 'soft skills' so strongly supported by the employment sector. Content addressed assisting participants in improving (a) their social skills, (b) sense of community, (c) self-determination, (d) employability skills, and (e) knowledge of employment rights and responsibilities. Participants were also taught learning strategies that are transferable to all learning/work environments.

Factors that were identified as significant in the success of RtS participants included the following:

- The community college instructors would be highly skilled, motivated, and knowledgeable.

- All appropriate caseworkers have a collaborative working relationship with the participant, college staff, and employers.

- Caseworkers clearly state their expectations to participants and follow-through on those expectations.
- Incentives and supports are identified and provided by designated agencies.
- Individual participant's family supports are identified and provided.
- The evaluation plan assesses process variables as well as workshop outcomes.
- Provide on-site staff support.

SECTION II

Road to Success Instructors

Instructors for Road to Success were recruited by the particular community colleges where Road to Success was taught. The colleges were Hutchinson Community College, Independence Community College, Kansas City, Kansas Community College, Labette Community College, and Fort Scott Community College. Hutchinson Community College had two instructors, bringing the total number of instructors to six. All of the instructors were Caucasian women. Four of the six instructors held full time positions at their respective community colleges. Only one instructor held state teacher certification. Half of the instructors have received a bachelor's degree. The remaining instructors have completed a master's degree. One instructor has one to three years of professional experience. Two instructors have four to six years of professional experience, one instructor has thirteen to fifteen years of experience, and the remaining two instructors have sixteen to eighteen years of experience.

The Kansas City, Kansas Community College instructor had received extensive graduate level training specifically in the subject of the Strategic Instructional Model. This is the same instructional method that is embedded in the Road to Success curriculum. It allowed for a unique opportunity in which this particular instructor was already experienced in the teaching methods that we were training and supporting with the other instructors.

Road to Success Workshop Sites

The RtS workshops were held in a variety of locations in their various communities. Each location offered a unique environment for the activity.

The workshop in Pittsburg was offered in a small off-campus site on the main street of downtown Pittsburg. The building was a newly renovated facility where at least one other class (hair styling) was offered on an ongoing basis. The RtS classroom was a large, clean, and well-lit space dedicated exclusively to this workshop. Participants had ready access to a bank of relatively new computers in an adjoining classroom and the class took advantage of that fact. The instructor had no office space of her own.

The workshop in Independence was offered in a large, older but well maintained public office building in downtown Independence. Coincidentally, a much larger hair stylist classroom was also in this building. The local SRS office and case managers were located just one floor down from the RtS classroom. Though the classroom itself was relatively small, the participants also had ready access to a larger classroom that held a large number of new computers. Again, instructor and participants made use of that fact. The teacher had her own office space in this facility.

The workshop in Labette was offered in a new facility out on the edge of town. Though the building is Quonset hut style, the space inside is quite large and modern;

participants again had a large, new computer lab available to them. The instructor had her own office space in this facility.

The workshop in Hutchinson was actually offered in the local One-Stop Workforce Center. This is a modern, open facility and the class was held in a large room at the back. The participants did not have access to a bank of computers as did participants in the other workshops. However, they did have the distinct opportunity (one they took advantage of) to walk outside their classroom door and immediately work on job search activities and interact with people whose job it was to help the public in job searches. (Please see the 'Anecdotal Evidence' presented at the end of this section. The two instructors in Hutchinson that divided time in the classroom did not have office space in this site.

The workshop in Kansas City was offered in the SRS office. This is a large office complex and many welfare recipients are in the front area waiting to see their case manager. Case managers were down the hall from the classroom. This arrangement offered the advantage of immediate and regular interaction between the instructor and the case managers and allowed for problem-solving in many different situations. The classroom space and equipment was adequate and dedicated to the RtS workshop on a temporary basis. Participants had no access to computers.

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SECTION III

General Participant Profile

Road to Success workshops were held in five different sites across Kansas. Three sites (Kansas City, Independence and Labette) offered the workshop on more than one occasion. Overall, a total of ninety-nine persons were referred for participation in these workshops. Reviewing **Table 1** which indicates the basic profile data regarding Road to Success referrals, one can see that the vast majority of referrals were female, divided roughly in half between Whites and Blacks, who ranged in age between 18 and 44, with twenty-one of them (also 21%) between thirty-five to forty-four years of age.

Descriptor	N= (response we have: total participants)	Range: Min; Max	Mean	Median	Mode
CASAS Verbal	84; 99	52: 204; 256	227.75	226	236
CASAS Math	76; 99	73: 183; 256	210.99	209	209
Full IQ	55; 99	48: 61; 109	79.78	79	83
Age	48; 99	<21=6; 21-24=5; 25-29=8; 30-34=8; 35-39=15; 40-44=6			
Sex	99; 99	Males=23; Females=76			
Ethnicity	54; 99	White=23; Black=28; Hispanic=1; Multiracial=2			
Participation History	99; 99	No Show=21; Drop Out=29; Completed=49			

Further analyses were conducted by grouping the participants on two variables: Participation History and Cognitive Functioning. "Participation History" is the first of two important variables considered in the effort to find and interpret meaningful differences among the participants in Road to Success. Participation history is defined in terms of attendance on the part of Road to Success referrals. In general terms, an important research question was: Do meaningful differences exist among persons who had differing levels of participation? More specifically, are meaningful differences observed among (a) referrals who never became a Road to Success participants at all, (b) those participants who eventually dropped out, and (c) those participants who completed? We hypothesized that noticeable and significant differences existed between those dropped out of Road to Success and those who completed the workshop in its entirety.

Participation among the ninety-nine referrals to Road to Success varied. Not all persons referred into the workshop actually even made it to the first day of class; nor did all those who did start the workshop attend the workshop all the way through to completion. Therefore, the variable of "Participation History" is composed of the following three categories that account for all referrals: *No Shows, Drop Outs* and *Completers*. **Table 2** delineates the "Participation History" of these three groups in terms of the site where they were referred. Differences among these three groups have been researched in an effort to frame important insights regarding who did or did not succeed in the Road to Success project (Also see **Chart 1** in the Appendix).

Table 2

Participation History by Site

	School Site					
	Independence	Labette	Pittsburg	Hutchinson	Kansas City	Total (n)
No Show	4	11	3	3	0	21
Drop out	11	6	3	4	5	29
Completed	6	4	8	9	22	49
Total (n)	21	21	14	16	27	99

The second variable considered in the effort to find meaningful differences among the participants in Road to Success is "Cognitive Functioning." In general terms, we believed that noticeable and significant differences in performance and success in Road to Success were based upon a person's cognitive capacities. Thus, we hypothesized that meaningful differences existed between persons who had *higher* or *lower* cognitive functioning. More specifically, we hypothesized that the **higher** a person's cognitive functioning, the greater "success" that person would have in the workshop.

The challenge was find a way to appropriately represent the idea of 'cognitive functioning.' As has been indicated earlier, three different points of entry existed by which a SRS client could be deemed eligible for referral to the Road to Success workshop: having a formally diagnosed learning disability; having an IQ score between 70 and 85; and having a CASAS appraisal score between 211 and 235 for Verbal and between 201 and 235 for Math. Few Road to Success referrals actually had data indicating the participant had a learning disability. For several additional referrals, current data indicated an eligible IQ score for the potential participant. However, data of this kind was not available for the majority of referrals and ultimately was not helpful as a means of constructing a measure of cognitive functioning.

Rather than IQ scores, CASAS scores were used to represent a participant's cognitive functioning. While some participants did, in fact, have other data directly related to their cognitive capacities (e.g., IQ scores), CASAS scores were available on the vast majority of participants (84 of 99 in Verbal; 76 of 99 in Math). The *mean* CASAS Verbal score for all participants was 228; the *mean* CASAS Math score for all participants was 211. **Table 3** of this section indicates the "mean" CASAS scores for ALL participants who were registered for Road to Success workshops. This mean value includes 'participants' who were registered but never showed up for classes, those who dropped out after starting RtS, and finally those who completed the workshop. This table

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also documents the mean CASAS scores for participants at each of the various sites where RtS was offered, thus enabling an easy comparison of these CASAS scores across each site.

Table 3

CASAS scores (math and verbal) for ALL participants.

	Mean	Std Deviation
CASAS verbal n = 84	227.75	12.28
CASAS math n = 76	210.99	12.44

Mean CASAS scores (math and verbal) for ALL participants by site.

	School Site				
	Independence	Labette	Pittsburg	Hutchinson	Kansas City
CASAS verbal	228.55	229.47	226.69	232.88	223.36
CASAS math	213.82	211.42	214.00	213.33	206.83

Using these overall mean scores as a baseline, participants at Labette and Hutchinson scored above the overall mean CASAS verbal score, while participants in both Pittsburg and Kansas City scored well below the mean. Conversely, CASAS math scores in Independence, Hutchinson, and Pittsburg were above the overall mean score, while Labette and Kansas City participants scored well below the overall mean. Thus, Kansas City participants were the only ones to score well below the mean on both CASAS verbal and math appraisals.

Some data that might have been useful for establishing a measure of "cognitive functioning" (e.g., IQ and LD diagnoses) was limited. CASAS scores, on the other hand, were available on 76 of the 99 referrals. This made the use of CASAS scores the best available option for establishing a measure of the 'cognitive functioning' for each referral/participant. Combining a person's CASAS Verbal and CASAS Math score into a single "CASAS Competency Score" was most important. This simple strategy overcame the bias of using only one of the scores to represent a person's cognitive functioning. The distribution of CASAS Competency Scores for the entire population of RtS referrals is shown in **Chart 2** (see Appendix).

The next challenge was to find a statistically legitimate method for exploring the potential differences among persons with different levels of cognitive functioning. The solution was to create two distinct groups of participants, one group with *higher* cognitive functioning scores and a second group with [relatively] *lower* cognitive functioning scores. One option was to simply divide the total number (76) of participants into equal parts and make the comparisons between these two groups. However, this option

separates the total population in a fashion that allows for participants with quite similar scores to be in each group and blur their distinctiveness. A different strategy was chosen. Fourteen cases (seven cases just above and seven cases just below the mean) of the total number available were excluded from the analysis. This statistical strategy acts to accentuate the distinctiveness between the two groups. The distribution of CASAS Competency Scores in terms of the two groups (Higher and Lower CASAS Competency) is shown in **Chart 3** (See Appendix). The 'excluded' group is also shown for comparison. The mean CASAS Verbal and Math scores for the Higher and Lower CASAS Competency groups are shown in **Table 4** where the means are compared to the same scores for all RtS participants. The distribution of these two groups across the various RtS sites is shown in **Table 5.**

Table 4

CASAS competency scores for higher and lower scoring participants.

	CASAS Verbal		CASAS Math	
	Mean	Standard Deviation	Mean	Standard Deviation
Higher	237.42	7.02	220.94	10.58
Lower	216.87	7.37	201.23	7.82
All participants (used)	227.15		211.09	

Table 5

Cognitive groups by site (n).

	School Site					
	Independence	Labette	Pittsburg	Hutchinson	Kansas City	Total (n)
Higher	5	9	5	4	8	31
Lower	5	5	4	2	15	31
Total (n)	10	14	9	6	23	62

Finally, the differences between the two CASAS Competency groups are significant when they are compared in terms of their Participation History. **Table 6** demonstrates these differences (Also see **Chart 4** in the Appendix). The number of 'no shows' is evenly distributed between the Higher and Lower CASAS Competency groups. One would expect that the higher your level of competency, the more likely you would be to complete Road the Success. The 'drop out' category, however, is strongly represented

by the Higher CASAS Competency group (68.1%) when compared to the percentage of drop outs in the Lower CASAS Competency group (31.3%). As a corollary, the percentage of 'completers' who are from the Lower CASAS Competency group is much higher (58.8%) than from the Higher CASAS Competency group (41.2%).

Table 6

Cognititve groups by Participation History.

	CASAS Competency		
	Higher (n)	Lower (n)	Total (n)
No Show	50% (6)	50% (6)	12
Drop Out	68.6% (11)	31.3% (5)	16
Completed	41.2% (14)	58.8% (20)	34
Total (n)	31	31	62

Attendance

Certainly attendance was an issue that was of practical and theoretical concern from the outset of the project. Experienced staff members from "the field" were clear about the difficulties inherent in getting client participation in long-term activities. Six weeks was not a recommended length of time. Nevertheless, research staff felt that this was a minimum length of time needed to even begin to establish new routines and learning strategies on the part of the workshop participants. Ninety-nine welfare recipients were referred to RtS. Twenty-one (21%) of those referrals never showed for class. Of the remaining seventy-eight referrals, forty-nine (63%) went on to complete RtS; twenty-nine (37%) dropped. **Chart 5** (see the Appendix) shows the attendance for all RtS participants combined across the six weeks of each workshop. The pattern demonstrates two points. First, attendance is better at the start of each week and drops off somewhat toward the end of the week. Secondly, overall participation was good for the first two weeks of each workshop and then there was a quick drop in the overall number of participants. That number of participants continued to hold fairly consistent (though daily attendance fluctuated some as indicated above) through the halfway point of the whole course. Mid-week of the fourth week, the level of participation again drops modestly.

SECTION IV

A. *CASAS Competency* as an Analytic Category

Again, the issue is to determine if meaningful differences exist between the RtS participants if the participants are divided into two groups based upon their CASAS Competency. For this analysis, two groups (*Higher* CASAS Competency and *Lower* CASAS Competency) were formed. The following text refers to data we have on the participants who either completed RtS or started the workshop and later dropped. This research data are drawn from two different Interview Protocols. A participant's SRS Case Manager administered one interview protocol and the participant's Instructor administered a second different interview protocol. In this analysis, we have both protocols on 57 of the total 62 participants.

Regarding marital status, **Table 7** indicates that a significant majority of both groups (65.70%) stated they have never been married. However, higher percentage (73.70%) of the Lower CASAS Competency group indicates they have never been married. A very low divorce rate was reported by both groups (14.30%). **Table 8** documents that essentially equal numbers of persons in each group have children. However, whereas the Higher CASAS Competency group have families with one or two children, the Lower CASAS Competency group seem to have larger families. For example, seven of the Lower CASAS Competency participants have three or more children. On average, the Lower CASAS Competency group has more children per person (2.24) than the Higher CASAS Competency group.

Table 7

What is your marital status?

	CASAS Competency		
	Higher	Lower	Totals
Never Married	56.30%	73.70%	65.70%
Married	12.50%	5.30%	8.60%
Divorced	18.80%	10.50%	14.30%
Separated	12.50%	0.00%	5.70%
Committed Relationship	0.00%	10.50%	5.70%

Table 8

	CASAS Competency		
	Higher	Lower	Totals
Individuals with children	100.00%	94.70%	97.20%
1 child	53.3% n = 8	37.5% n = 6	45.20%
2 children	26.7% n = 4	18.8% n = 3	22.60%
3 children	13.3% n = 2	31.3% n = 5	22.60%
4 children	6.7% n = 1	6.3% n = 1	6.50%
5 children	0% n = 0	6.3% n = 1	3.20%
Total number of children	25	36	61

Of the 36 participants who responded to the questions regarding employment, only two participants (both Higher CASAS Competency) said they were currently employed (**Table 9**). However, reasons for current unemployment vary between the two groups. The Higher CASAS Competency group indicate that the need for dependent care (either child or older parent) was the single most important barrier (33.30%) to their employment. Additionally, inadequate transportation posed a barrier for 16.70% of them. On the other hand, none of the Lower CASAS Competency participants said that either dependent care or inadequate transportation was a barrier to their employment. Rather, 40.0% of them indicated that they simply couldn't "find" a job. However, 50% of both groups stated that reasons "other" than the ones given as options for them not having current employment. (See **Table 10** below; also see **Chart 6** in the Appendix).

Table 9

Are you currently employed?

	CASAS Competency		
	Higher n = 17	Lower n = 19	Totals n = 36
Those employed	11.80%	0.00%	5.60%

Table 10

I don't have a job right now because . . .

	CASAS Competency		
	Higher	Lower	Totals
I can't find one	16.70%	40.00%	31.30%
Inadequate/no transportation	16.70%	0.00%	6.30%
Not one available in what I do	0.00%	0.00%	0.00%
Dependent (child/parent) care	33.30%	0.00%	12.50%
Illness	0.00%	10.00%	6.30%
No/not enough skills	0.00%	0.00%	0.00%
Other	50.00%	50.00%	50.00%

Among those participants reporting on their most recent job, 85.70% of the Higher CASAS Competency group stated the position was full-time. (See **Table 11**). Conversely, only 60% of the Lower CASAS Competency group indicated that their last job was full-time. Interestingly, data in **Table 12** suggests that the vast majority of participants (84.20%) in both groups worked at jobs paying 'above' the minimum wage.

Table 11

Was your (last) job considered full-time or part-time?

	CASAS Competency		
	Higher	Lower	Totals
Full-time	85.70%	60.00%	68.20%
Part-time	14.30%	40.00%	31.80%

Table 12

Was your salary below, at, or above the minimum wage of $5.15/hour?

	CASAS Competency		
	Higher	Lower	Totals
Below	0.00%	16.70%	10.50%
At	0.00%	8.30%	5.30%
Above	100.00%	75.00%	84.20%

Road to Success participants were asked about difficulties they had encountered on the job. **Table 13** presents a list of options that were given as possibilities. The similarities and differences between CASAS Competency groups are interesting. Both groups had significant percentages of persons who expressed difficulty in dealing with their supervisors. A much higher percentage of the Higher CASAS Competency group, in fact, had difficulty "resolving conflicts with" and "refusing overtime requests" than did the Lower CASAS Competency group (See also **Chart 7** in the Appendix).

Table 13

What work activities are difficult for you?

	CASAS Competency		
	Higher	Lower	Totals
Making appointments over the phone	9.10%	0.00%	4.50%
Participating appropriately in a job interview	9.10%	0.00%	4.80%
Dressing appropriately to attend a job interview	0.00%	0.00%	0.00%
Requesting urgent leave from a supervisor	20.00%	18.20%	19.10%
Resolving a conflict with a supervisor	36.40%	18.20%	27.30%
Resolving a conflict with a colleague	9.10%	9.10%	9.00%
Avoiding involvement in destructive gossip at work	0.00%	0.00%	0.00%
Cooperate with colleagues to perform group tasks	0.00%	18.20%	9.00%
Refuse a request from supervisor to work overtime	27.30%	18.20%	22.70%
Help demonstrate a task to new colleague	0.00%	9.10%	4.50%

A number of health related questions were asked of participants. (See **Table 14**). They document some issues that are consistent across the two groups. Both groups, for example, say they have 'never' been hospitalized for any emotional problems. However 21.40% of the Higher CASAS Competency group and 27.80% of the Lower CASAS Competency group indicated they had been hospitalized or in a treatment program in the past year. Similarly, no one in either group indicated that they took prescribed medications that might affect their attention or thinking; nor do they have any hearing problems; 29% of all participants report taking some kind of medication.

Only a small percentage of either group say that they have any health problem or disability that affects their employment. However, 42.90% of the Higher CASAS Competency group stated they see a doctor or mental health professional. This is a much higher percentage than the Lower CASAS Competency group (26.30%). Further, 20% of the Higher CASAS Competency group stated they had a verified disability; this compares to only 6.30% of the Lower CASAS Competency group. Vision problems and the need for glasses or contact lenses are also much higher for the Higher CASAS Competency group.

Table 14

Health Information

	CASAS Competency		
	Higher	Lower	Totals
Do you have a verified disability?	20.00%	6.30%	12.90%
Do you see a doctor/mental health professional?	42.90%	26.30%	33.30%
Been hospitalized/in treatment prog in past year?	21.40%	27.80%	25.00%
Ever been hospitalized for any emotional problem?	0.00%	0.00%	0.00%
Are you currently taking any medications?	28.60%	29.40%	29.00%
Do you have health prob/disability affecting employment?	14.30%	11.80%	12.90%
Are you taking prescribed meds affecting attn/ thinking?	0.00%	0.00%	0.00%
Do you have any vision problems?	42.90%	25.00%	33.30%
Do you need glasses or contact lenses?	75.00%	35.30%	51.70%
Do you have hearing problems?	0.00%	0.00%	0.00%

Several questions concerning substance abuse were part of the Case Manager Interview Protocol. (See **Table 15**). A pattern of difference between the two groups emerges in this subset of questions. Date from the Higher CASAS Competency group indicates they have more difficulties in this arena. Most obvious is the difference reported regarded their personal problems (either job-related or legal) due to drug or

alcohol use. Twenty-eight percent of the Higher CASAS Competency group stated this was a problem. This compares to 'zero' percent reported problems by the Lower CASAS Competency group. The Higher CASAS Competency group also had a higher percentage (21.40%) reporting a 'need to have a drink/drug in the morning' than did the Lower CASAS Competency group (7.10%). Nonetheless, an extremely high percentage (96.90%) of both groups felt they could pass an employer's drug screen at this time.

Table 15

Substance use information

	CASAS Competency		
	Higher n = 14	Lower n = 16	Totals n = 32
Anyone in home consume alcoholic beverages?	14.30%	5.30%	9.10%
Anyone in home drink more than they should?	0.00%	0.00%	0.00%
Anyone at home use non-prescription drugs?	0.00%	0.00%	0.00%
Have family/friends told you to cut back on drugs or alcohol?	14.30%	0.00%	6.90%
Do you think you should cut back on drugs and alcohol?	7.10%	7.10%	7.10%
Has a doctor told you to cut back on drugs or alcohol?	7.10%	7.10%	7.10%
Do you ever feel you need a drink/drug in the morning?	21.40%	7.10%	14.30%
Ever had memory loss due to drinking or using drugs?	14.30%	7.10%	10.70%
Any personal problems (legal, job) due to drug/alcohol use?	28.60%	0.00%	14.30%
Do you have a drinking/drug problem currently?	0.00%	5.90%	3.20%
Could you pass an employer's drug screen right now?	100.00%	94.40%	96.90%

Table 16 is composed of a number of 'life situation' questions. In general, these questions address situations that might directly affect the stability of a participant's living environment. Both groups say that their current living situation is stable. However, the Lower CASAS Competency group is unanimous in that portrayal. The Higher CASAS Competency group, on the other hand, only report that 78.60% of them have a stable living situation. Interestingly, while 35.30% of the Lower CASAS Competency group state they have been hurt or threatened by a partner, 29.40% of them say that they have, in turn, hurt or threatened a partner. None of this (0.0%) experience evidently prevents the Lower CASAS Competency group from working. On the other hand, an even higher percentage (42.90%) of the Higher CASAS Competency group say they have been hurt or threatened by a partner. In a significant departure from the Lower CASAS Competency group, they do not indicate that they reciprocate in this kind of behavior;

only 14.30% say they have hurt or threatened a partner. Additionally, 16.70% of them state that this experience has prevented them from working.

Table 16

Life situation information

	CASAS Competency		
	Higher n = 14	Lower n = 16	Totals n = 30
Is your current living situation stable?	78.60%	100.00%	90.00%
Are you planning any major life change in the near future?	42.90%	6.30%	23.30%
Have you even been hurt/threatened by a partner?	42.90%	35.30%	38.70%
Have you ever hurt/threatened a partner?	14.30%	29.40%	22.60%
Are you afraid of current/former partner or other family?	7.10%	6.30%	6.70%
Does this fear prevent you from working or participating?	16.70%	0.00%	7.40%
Do you or family have pending legal problems?	7.10%	6.30%	6.70%
Are you currently on probation or parole?	7.10%	0.00%	3.40%
Do children or family problems prevent your employment?	7.70%	5.90%	6.70%

Academically, the Higher CASAS Competency group actually reported fewer participants having completed as high as the 11th (33.3%) or 12th 22.20%) grade than did the Lower CASAS Competency group. The Lower CASAS Competency group had more participants complete the 11th (45.50%) and 12th (36.40%) grade. However, of the RtS participants who had ever enrolled in a GED program, a much higher percentage (71.40%) was from the Higher CASAS Competency group than from the Lower CASAS Competency group (50.0%). (See **Table 17**). Interestingly, the Lower CASAS Competency group reported being vastly more satisfied (90.0%)with their high school grades than did the Higher CASAS Competency group (37.50%). (See **Table 18**).

Table 17

What is the highest grade level you've completed?

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals n = 20
6th grade	0.00%	9.10%	5.00%
8th grade	11.10%	0.00%	5.00%
9th grade	22.20%	9.10%	15.00%
10th grade	11.10%	0.00%	5.00%
11th grade	33.30%	45.50%	40.00%
12th grade	22.20%	36.40%	30.00%
If completed less than 12th grade, have you enrolled in a GED program?			
	n = 7	n = 8	n = 15
Enrolled	71.40%	50.00%	60.00%

Table 18

Were you satisfied with your high school grades?

	CASAS Competency		
	Higher n = 8	Lower n = 10	Totals n = 18
Satisfied	37.50%	90.00%	66.70%

The two groups differed in their favorite subjects in school. (**See Table 19**). The Higher CASAS Competency group found Math (44.40%), English/Literature (33.30%) and Science (22.20%) to be their favorite classes. The Lower CASAS Competency group found English/Literature (45.50%), Music/Art (27.30%), and Physical Education (27.30%) to be their favorite classes. None of the Higher CASAS Competency group said Music/Art or Physical Education to be their favorite.

Table 19

What was your favorite subject in school?

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals
Physical Education (P.E.)	0.00%	27.30%	15.00%
Foreign Language	0.00%	0.00%	0.00%
English/Literature	33.30%	45.50%	40.00%
Math	44.40%	18.20%	30.00%
Science	22.20%	9.10%	15.00%
History/Political Science	11.10%	0.00%	5.00%
Social Science	0.00%	0.00%	0.00%
Industrial Arts	11.10%	18.20%	15.00%
Music/Art	0.00%	27.30%	15.00%
Other	11.10%	0.00%	5.00%

School does not seem to have been particularly enjoyable to the Higher CASAS Competency group. (See **Table 20**). Subject/classes were enjoyable to only 22.20% of them. As a specific category, friends/cliques rated the highest percentage and that was only 33.30%. Conversely, the Lower CASAS Competency group gave their highest percentage of what was enjoyable to 'teachers' (44.40%). Friends/cliques received the same rating for being enjoyable (33.30%) that was given to them by the Higher CASAS Competency group.

Table 20

What did you enjoy most about school?

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals
Teachers	11.10%	44.40%	27.80%
Informal social aspects	0.00%	11.10%	5.60%
Sporting events	0.00%	11.10%	5.60%
Subjects/classes	22.20%	11.10%	16.70%
Cliques/groups of friends	33.30%	33.30%	33.30%
Other	44.40%	11.10%	27.80%
What did you enjoy least about school?			
Teachers	11.10%	9.10%	10.00%
Informal social aspects	11.10%	0.00%	5.00%
Subjects/classes	55.60%	54.50%	55.00%
Other	22.20%	27.30%	25.00%

Table 21 documents the response of the two CASAS Competency groups to a checklist of options regarding problems they had in school. Participants could check any item on the list they felt applied to them (also see **Chart 8** in the Appendix). As has been suggested in the data elsewhere, interest in school was not high for the Higher CASAS Competency group. The vast majority of them (77.80%) lacked interest. This finding is interesting when compared with the Lower CASAS Competency group of whom only 27.30% indicated a lack of interest in school as a problem for them. Poor attendance (55.60%), behavior problems (33.30%), and learning disabilities (33.30%) were also things to which the Higher CASAS Competency group attributed their problems in school. Conversely, poor attendance (27.30%) and behavior problems (18.20%) were less problematic for the Lower CASAS Competency group. Having a learning disability was the attribute that was identified by the highest percentage (45.50%) of Lower CASAS Competency group as most problematic for them.

Table 21

To what do you attribute any problems you had in school?

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals
Limited ability	0.00%	18.20%	10.00%
Emotional problems	22.20%	18.20%	20.00%
Home environment	22.20%	9.10%	15.00%
Cultural differences	0.00%	0.00%	0.00%
Language differences	0.00%	0.00%	0.00%
Motor disability(ies)	0.00%	0.00%	0.00%
Learning disability(ies)	33.30%	45.50%	40.00%
Poor attendance	55.60%	27.30%	40.00%
Lack of interest	77.80%	27.30%	50.00%
Behavior problems	33.30%	18.20%	25.00%
Economic disadvantage	11.10%	0.00%	5.00%
Physical illness	0.00%	0.00%	0.00%
Other reasons	22.20%	9.10%	15.00%

Participants were also asked to indicate whether or not they had ever been in special education or remedial classes in school. If they answered yes, they were then asked to identify from a list of options all these types of classes they may have had. They could check as many as applied. A nearly identical percentage of both Higher (44.40%) and Lower (45.50%) CASAS Competency participants said they had been in these types of classes. However, all (100%) of the Lower CASAS Competency group indicated they had been in learning disability classes. Only 25% of the Higher CASAS Competency group said this. A high percentage of the Higher CASAS Competency group identified themselves as having been in remedial reading (75%) or remedial math (50%) classes (See **Table 22**).

Table 22

Were you ever in special education or remedial classes in school?

	CASAS Competency		
	Higher	Lower	Totals
	n = 9	n = 11	n = 20
Special Education (SPED)	44.40%	45.50%	45.00%
If yes, what type?			
Mild Mental Retardation (MMR)	0.00%	0.00%	0.00%
Learning Disabled (LD)	25.00%	100.00%	62.50%
Behavior Disordered (BD)	25.00%	0.00%	12.50%
Visually Impaired	0.00%	25.00%	12.50%
Hearing Impaired	0.00%	0.00%	0.00%
Speech/Language Impaired	0.00%	0.00%	0.00%
Remedial Reading	75.00%	25.00%	50.00%
Remedial Math	50.00%	0.00%	25.00%
Interrelated Disabled	0.00%	0.00%	0.00%

* more than one response is possible

A lengthy list of areas (See **Table 23**) in which a person might experience difficulty in school or at work was introduced to the RtS participants. They were asked to check all areas that applied to them. (Also see **Chart 9** in the Appendix). While both groups indicated experiencing in many areas, a profile that distinguishes each group from the other emerges. Very high percentages of the Higher CASAS Competency group expressed exceptional difficulty in these areas: Concentration (77.80%), getting frustrated (77.80%), speaking in crowds (77.80%), distraction (66.70%), expressing self (66.70%), study habits (66.70%), test anxiety (55.60%), and staying on track (55.60%).

This compares to the following areas in which the Lower CASAS Competency group indicated high percentages: remembering (63.60%), test anxiety (63.60%), getting frustrated (54.50%), and Mathematics (54.50%). Certainly other areas are sources of difficulty for both groups. However, the previously indicated difficulty the Higher CASAS Competency group has with communication, particularly with supervisors, seems to be consistent with these findings.

Table 23

In which areas did you experience difficulty in school or at work?

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals
Concentration	77.80%	45.50%	60.00%
Asking questions	44.40%	36.40%	40.00%
Completing assignments	44.40%	36.40%	40.00%
Distraction	66.70%	36.40%	50.00%
Following directions	44.40%	18.20%	30.00%
Getting along with others	22.20%	9.10%	15.00%
Getting frustrated	77.80%	54.50%	65.00%
Accessing the classroom	0.00%	0.00%	0.00%
Expressing self	66.70%	36.40%	50.00%
Adjusting to classroom changes	11.10%	18.20%	15.00%
Hearing teacher	0.00%	0.00%	0.00%
Letter/number reversals	11.10%	9.10%	10.00%
Mathematics	33.30%	54.50%	45.00%
Memory retrieval	44.40%	45.50%	45.00%
Paying attention	50.00%	18.20%	31.60%
Reading	11.10%	45.50%	30.00%
Remembering	44.40%	63.60%	55.00%
Organization/time management	22.20%	36.40%	30.00%
Seeing classroom objects	0.00%	9.10%	5.00%
Sitting still	22.20%	45.50%	35.00%
Speaking to crowds	77.80%	36.40%	55.00%
Spelling	11.10%	54.50%	35.00%
Staying on track	55.60%	27.30%	40.00%
Study habits	66.70%	18.20%	40.00%
Talking with teachers or others	44.40%	36.40%	40.00%
Test anxiety	55.60%	63.60%	60.00%
Learning/remembering new vocabulary	33.30%	45.50%	40.00%
Working independently	11.10%	9.10%	10.00%
Writing papers	22.20%	18.20%	20.00%

The academic "history" of RtS participants was also of interest as a research question. A variety of questions (**See Table 24**) address the issue of continuity in a person's education. That is, did the person change schools, drop out, or get suspended; and if so, why? The Higher CASAS Competency group seems to have had somewhat more instability in their academic history than did the Lower CASAS Competency group. They changed schools with more frequency (44.40% vs. 36.40%), and more of them dropped out of school (66.70% vs. 50.0%). Both groups were either suspended or expelled at close to the same rate (44.40% vs. 45.50%). With regard to reasons for dropping out, family problems were a significant issue for the Higher CASAS Competency group and accounted for 40% of the dropouts. Pregnancy was a relevant issue for both groups, though it was somewhat more of an issue for the Lower CASAS

Competency group. Finally, boredom also accounted for some of the dropouts in the Lower CASAS Competency group.

Table 24

Dynamics of School Attendance

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals n = 20
Did you ever change schools for a reason other than those typical of the district? Yes	44.40%	36.40%	40.00%
Were you suspended or expelled from school between kindergarten and 12th grade? Yes	44.40%	45.50%	45.00%
Did you drop out of school between kindergarten and 12th grade? Yes	66.70%	50.00%	57.90%
If yes, please list the reason why you dropped out.			
Bored	0.00%	25.00%	11.10%
Wanted to work	0.00%	0.00%	0.00%
Pregnancy	40.00%	50.00%	44.40%
Family problems	40.00%	0.00%	22.20%
Failing	20.00%	0.00%	11.10%
Other	0.00%	25.00%	11.10%

In addition to childcare, transportation issues are mentioned most often as barriers to employment. This research pursued questions addressing this point. **Tables 25** and **26** document responses to these questions. They show that ownership of one's own car is surprisingly low for both groups (22.20% for Higher and 18.20% for Lower). One difference noted between the two groups is that the Higher CASAS Competency group seem to rely on their parent's vehicles for transportation, while the Lower CASAS Competency group seem to rely more on friends.

However, only 33.3% of the Lower CASAS Competency group indicates that their car (their friend's car?) is reliable, whereas the Higher CASAS Competency group state that 66.7% of them have a reliable car. One surprising aspect of this data is that less than 10% (9.1%) of the Lower CASAS Competency group says they have a current driver's license. Only 28.6% of them indicate their car is registered and insured; a somewhat higher percentage of the Higher CASAS Competency group (40%) state their car is registered and insured. The Higher CASAS Competency group also have a higher percentage (66.7%) who have access to transportation than does the Lower CASAS Competency group (50%).

Table 25

How do you mostly travel around the community?

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals
Own car	22.20%	18.20%	20.00%
Parent's car	22.20%	0.00%	10.00%
Bike	0.00%	9.10%	5.00%
Bus	0.00%	9.10%	5.00%
Friends drive	0.00%	18.20%	10.00%
Other	11.10%	0.00%	5.00%
More than one response checked	44.40%	45.50%	45.00%

Table 26

Transportation Information

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals
Do you have a current driver's license?	55.6% n = 9	9.1% n = 11	30% n = 20
Do you have reasonable access to transportation?	66.7% n = 9	50% n = 10	57.9% n = 19
Is your car registered to you and insured?	40% n = 5	28.6% n = 7	33.3% n = 12
Is your car reliable?	66.7% n = 6	33.3% n = 6	50% n = 12

A final set of questions regarding availability of resources in addition to transportation that a person requires were also administered. In particular, reference is made to the need for childcare while working, work clothes or tools, and a telephone for communications with employers. Telephones seem to be available to all the Higher CASAS Competency group; they are less so (81.80%) however, to the Lower CASAS Competency group. Both groups are similar (averaging 75%) in their need for childcare and in their need for clothing and/or tools for work (averaging 95%). (See **Table 27**).

Table 27

Available Resources

	CASAS Competency		
	Higher n = 9	Lower n = 11	Totals n = 20
Do you have a telephone or reliable ways to receive messages from employers? Yes	100.00%	81.80%	90.00%
Do you need childcare while you work, look for work, or participate in training? Yes	77.80%	72.70%	75.00%
Do you need work clothing, tools, or other necessities for work? Yes	100.00%	90.90%	95.00%

B. *Participation History* as an Analytic Category

Table 28 documents the results of analyzing the marital status of RtS participants in terms of their Participation History. The table indicates that a high percentage of Completers (63.90%) have never been married. The significant number for the Drop-outs is the percentage of those who have been divorced (38.50%). Although this is much higher than that of the Completers, it is perfectly consistent with the fact that most Completers have never been married (and thus divorce isn't an option).

Table 28

What is your marital status?

	Participation History		
Status	Drop out	Completed	Totals
Never Married	46.20%	63.90%	57.40%
Married	15.40%	11.10%	11.10%
Divorced	38.50%	13.90%	20.40%
Separated	0.00%	2.80%	5.60%
Committed Relationship	0.00%	8.30%	5.60%

The parental status and number of children for Drop-outs and Completers is shown in **Table 29**. The vast majority of both groups have children. However, calculating the number of children per adult in each group, the Drop-outs average a higher number of children (2.33 children/participant) than do the Completers (2.05 children/participant.

Table 29

Are you a parent or guardian?

	Participation History		
	Drop out	Completed	Totals
Individuals with children	92.90%	94.60%	94.60%
Number of children			
1 child	25% (3)	41.2% (14)	0.388
2 children	33.3% (4)	23.5% (8)	0.245
3 children	33.3% (4)	23.5% (8)	0.265
4 children	0% (0)	11.8% (4)	0.082
5 children	8.3% (1)	0% (0)	0.02
Total number of children	28	70	98

Differences between the Drop-outs and Completers was also exhibited in terms of the kinds of work activities that were difficult for them. (See **Table 30**). Completers had a more diverse set of difficulties they found difficult than did the Drop-outs. However, interactions with supervisors were a common theme for these difficulties. Completers had difficulty requesting urgent leave, resolving conflicts and refusing overtime requests – all with their supervisors. Resolving conflicts with supervisors was also the most difficult work activity (33.40%) faced by Drop-outs. (Also see **Chart 6**).

Table 30

What work activities are difficult for you?

	Participation History		
	Drop out	Completed	Totals
Making appointments over the phone	0.00%	15.40%	11.20%
Participating appropriately in a job interview	0.00%	12.00%	8.60%
Dressing appropriately to attend a job interview	16.70%	7.70%	11.20%
Requesting urgent leave from a supervisor	16.70%	36.00%	31.40%
Resolving a conflict with a supervisor	33.40%	30.70%	30.60%
Resolving a conflict with a colleague	16.70%	13.00%	22.20%
Avoiding involvement in destructive gossip at work	16.70%	7.70%	8.60%
Cooperate with colleagues to perform group tasks	0.00%	11.50%	8.40%
Refuse a request from supervisor to work overtime	16.70%	26.90%	30.50%
Help demonstrate a task to new colleague	0.00%	15.40%	11.20%

A number of different health related questions were asked of participants. (See **Table 31**). They document some issues that distinguish between the two groups. The Drop-outs have more people (higher percentages) responding positively to a greater number health related questions than do the Completers. For example, 40% of the Drop-outs have a verified disability. Nearly half (45.50%) are currently taking medications, and 41.70% have health problems or disabilities that affect employment (and perhaps

participation in workshops like RtS). A third of them also report taking prescribed medications that affect their attention or thinking. However, only one-fourth of them report seeing doctor or mental health professional.

Conversely, 40% of the Completers report that they do see a doctor or mental health professional, but few of them (18.20%) say they have a health problem or disability that affects their employment. Even fewer (8.8%) say they are taking prescribed medications that affect their attention or thinking.

Table 31

Health Information

	Participation History		
	Drop out	Completed	Totals
Do you have a verified disability?	40.00%	22.90%	24.50%
Do you see a doctor or mental health professional?	25.00%	40.00%	38.50%
Been hospitalized or in treatment prog in past year?	25.00%	14.70%	19.60%
Ever been hospitalized for any emotional problem?	18.20%	2.90%	6.00%
Are you currently taking any medications?	45.50%	32.40%	38.80%
Do you have health prob or disability affecting employment?	41.70%	13.20%	26.00%
Are you taking prescribed meds affecting attn or thinking?	33.30%	8.80%	14.00%
Do you have any vision problems?	45.50%	44.10%	40.80%
Do you need glasses or contact lenses?	45.50%	59.40%	53.20%
Do you have hearing problems?	18.20%	0.00%	4.20%

No significant pattern of difference between the two groups seems to emerge in the subset of questions concerning substance abuse. (See **Table 32**). Though there appear to be a few individuals in these two groups who have difficulties with substance abuse, an extremely high percentage (94.10%) of both groups felt they could pass an employer's drug screen at this time.

Table 32

Substance use information

	Participation History		
	Drop out	Completed	Totals
Anyone in home consume alcoholic beverages?	8.30%	14.30%	11.50%
Anyone in home drink more than they should?	0.00%	0.00%	0.00%
Anyone at home use non-prescription drugs?	8.30%	0.00%	1.90%
Have family/friends told you to cut back on drugs or alcohol?	18.20%	9.40%	10.40%
Do you think you should cut back on drugs and alcohol?	10.00%	12.90%	10.90%
Has a doctor told you to cut back on drugs or alcohol?	0.00%	6.70%	4.40%
Do you ever feel you need a drink/drug in the morning?	9.10%	16.70%	15.20%
Ever had memory loss due to drinking or using drugs?	9.10%	10.00%	8.70%
Any personal problems (legal, job) due to drug/alcohol use?	18.20%	10.00%	13.00%
Do you have a drinking/drug problem currently?	0.00%	9.40%	6.10%
Could you pass an employer's drug screen right now?	91.70%	94.10%	94.10%

Table 33 is composed of a number of 'life situation' questions. In general, these questions address things that might directly affect the stability of a participant's living environment. Both groups say that their current living situation is stable. However, the Completers have a somewhat higher percentage (91.20% vs. 81.80%) of their group indicating that stability. More Drop-outs (27.30%) indicate that family problems prevent their employment than do Completers (14.70%).

Some dynamics of physical abuse seems to be significant factor in the lives of all RtS participants. Forty-four percent have been hurt or threatened by a partner. The incidence for this is noticeably higher for the Drop-outs (54.50%) than for the Completers (42.90%). It also appears that it is only the Completers who have pending legal problems (21.90%).

Table 33

Life situation information

	Participation History		
	Drop out	Completed	Totals
Is your current living situation stable?	81.80%	91.20%	89.80%
Are you planning any major life change in the near future?	36.40%	33.30%	33.30%
Have you even been hurt/threatened by a partner?	54.50%	42.90%	44.00%
Have you ever hurt/threatened a partner?	27.30%	17.10%	20.40%
Are you afraid of current/former partner or other family?	18.20%	15.20%	14.60%
Does this fear prevent you from working or participating?	0.00%	12.90%	9.30%
Do you or family have pending legal problems?	0.00%	21.90%	14.90%
Are you currently on probation or parole?	10.00%	2.90%	4.20%
Do children or family problems prevent your employment?	27.30%	14.70%	16.30%

RtS participants who completed the workshop had an amazingly wide range of grade levels completed. Completers covered the spectrum from 6th to the 14th grade, with the highest percentage of completers (43.20%) have finished high school. The highest percentage of Drop-outs (40.0%) on the other hand, had finished the 11th grade. (See **Table 34**). Also in this table, the data indicate that 80% of the Completers who had not

finished high school have, at some point, enrolled in a GED program. This compares very favorably to the 12.50% of the Drop-outs who have enrolled in a GED program.

Table 34

What is the highest grade level you've completed?

	Participation History		
	Drop out n = 10	Completed n = 37	Totals n = 48
6th grade	0.00%	2.70%	2.10%
8th grade	0.00%	5.40%	4.20%
9th grade	20.00%	8.10%	10.40%
10th grade	10.00%	16.20%	14.60%
11th grade	40.00%	18.90%	22.90%
12th grade	30.00%	43.20%	41.70%
13th grade	0.00%	2.70%	2.10%
14th grade	0.00%	2.70%	2.10%
If completed less than 12th grade, have you enrolled in a GED program?			
	n = 8	n = 20	n = 28
Enrolled	12.50%	80.00%	60.70%

Table 35 suggests that both groups, Drop outs (55.60%) and Completers (60.60%) alike, were similar in their satisfaction with their high school grades.

Table 35

Were you satisfied with your high school grades?

	Participation History		
	Drop out n = 9	Completed n = 33	Totals n = 43
Satisfied	55.60%	60.60%	58.10%

Data for the Completers suggests that they have fairly eclectic tastes when it concerns their favorite subjects in school. (See **Table 36**). No one or two subjects stand out as favorites. The Drop-outs, however, seem to favor both English/Literature (40%) and Math (40%) as favorites. Completers also tended to enjoy friends/cliques most about school. (See **Table 37**). Drop-outs favored something 'other' than the options offered them; they did not see friends/cliques as a favorable part of school.

Table 36

What was your favorite subject in school?

	Participation History		
	Drop out n = 10	Completed n = 37	Totals n = 48
Physical Education (P.E.)	20.00%	18.90%	20.80%
Foreign Language	0.00%	0.00%	0.00%
English/Literature	40.00%	21.60%	27.10%
Math	40.00%	27.00%	29.20%
Science	10.00%	13.50%	12.50%
History/Political Science	0.00%	8.10%	6.30%
Social Science	0.00%	5.40%	4.20%
Industrial Arts	10.00%	18.90%	18.80%
Music/Art	10.00%	13.50%	14.60%
Other	0.00%	16.20%	12.50%

Table 37

What did you enjoy most about school?

	Participation History		
	Drop out n = 9	Completed n = 35	Totals n = 45
Teachers	22.20%	20.00%	22.20%
Administration	11.10%	0.00%	2.20%
School-based social activities	11.10%	0.00%	2.20%
Informal social aspects	22.20%	2.90%	6.70%
Sporting events	11.10%	2.90%	4.40%
Subjects/classes	33.30%	20.00%	22.20%
Gossip/socializing	11.10%	2.90%	4.40%
Cliques/groups of friends	11.10%	40.00%	35.60%
Other	55.60%	17.10%	24.40%

Both Drop-outs and Completers found subjects/classes their least favorite part of school; however, Completers were more consistent (52.80%) in their dislike than were the Drop-outs (40%). (See **Table 38**).

Table 38

What did you enjoy least about school?

	Participation History		
	Drop out n = 10	Completed n = 36	Totals n = 47
Teachers	0.00%	16.70%	12.80%
Informal social aspects	20.00%	2.80%	6.40%
Sporting events	0.00%	0.00%	0.00%
Subjects/classes	40.00%	52.80%	51.10%
Cliques/groups of friends	0.00%	2.80%	2.10%
Other	30.00%	25.00%	25.50%

Drop-outs seem to have had of a greater variety of problems in school than did Completers. However, more persons in both groups identified learning disabilities as the source of their problems in school (60.0% for each group). (See **Table 39**). A seeming general lack of interest in school was also an attribute identified by large percentages of both groups. (See **Chart 12** in the Appendix).

Table 39

To what do you attribute any problems you had in school?

	Participation History		
	Drop out n = 10	Completed n = 36	Totals n = 47
Limited ability	10.00%	22.20%	19.10%
Emotional problems	20.00%	33.30%	29.80%
Home environment	10.00%	17.10%	15.20%
Cultural differences	0.00%	0.00%	0.00%
Language differences	0.00%	0.00%	0.00%
Motor disability(ies)	0.00%	0.00%	0.00%
Learning disability(ies)	60.00%	60.00%	58.70%
Poor attendance	30.00%	33.30%	31.90%
Lack of interest	50.00%	43.20%	45.80%
Behavior problems	30.00%	21.60%	22.90%
Economic disadvantage	20.00%	0.00%	4.30%
Physical illness	20.00%	0.00%	4.30%
Other reasons	30.00%	14.30%	19.60%

High percentages of both Drop-outs and Completers seem to have been enrolled in special education or remedial classes. (See **Table 40**). However, more Drop-outs (83.30%) than Completers (70%) were in learning disabilities classes. Remedial reading was also a class in which a high percentage of Drop-outs were enrolled (See **Chart 13** in the Appendix). However, over of the Completers (55%) were enrolled in remedial reading and remedial math as well.

Table 40

Were you ever in special education or remedial classes in school?

	Participation History		
	Drop out	Completed	Totals
	n = 10	n = 37	n = 48
Special Education (SPED)	70.00%	56.80%	58.30%
If yes, what type?			
Mild Mental Retardation (MMR)	0.00%	0.00%	0.00%
Learning Disabled (LD)	83.30%	70.00%	73.10%
Behavior Disordered (BD)	16.70%	5.30%	8.00%
Visually Impaired	0.00%	5.30%	4.00%
Hearing Impaired	0.00%	10.50%	8.00%
Speech/Language Impaired	16.70%	15.00%	15.40%
Remedial Reading	66.70%	55.00%	57.70%
Remedial Math	33.30%	55.00%	50.00%
Interrelated Disabled	0.00%	0.00%	0.00%

* more than one response is possible

Results in **Table 41** indicate that nearly everything listed was a source of difficulty for both Drop-outs and Completers. However, a distinct pattern does seem to emerge. Completers have several areas that are extremely difficult for many of them. These areas are: speaking to crowds (70.30%), getting frustrated (69.40%), test anxiety (66.70%), concentration (64.90%), mathematics (63.90%), and distraction (61.10%). Drop-outs on the other hand, found talking with teachers (60%), test anxiety (60%), expressing self (50%), mathematics (50%), and sitting still (50%) to be especially problematic. Other areas where Completers were significantly more frequent in identifying as problems were: adjusting to classroom changes, memory retrieval, time management, and spelling. (Also see **Chart 14** in the Appendix).

Table 41

In which areas did you experience difficulty in school or at work?

	Participation History		
	Drop out n = 10	Completed n = 37	Totals n = 48
Concentration	30.00%	64.90%	56.30%
Asking questions	40.00%	54.10%	50.00%
Completing assignments	40.00%	37.10%	37.00%
Distraction	30.00%	61.10%	53.20%
Following directions	30.00%	20.00%	21.70%
Getting along with others	30.00%	11.40%	15.20%
Getting frustrated	50.00%	69.40%	66.00%
Accessing the classroom	0.00%	2.90%	2.20%
Expressing self	50.00%	45.90%	47.90%
Adjusting to classroom changes	0.00%	23.50%	17.80%
Hearing teacher	11.10%	8.60%	8.90%
Letter/number reversals	10.00%	11.40%	10.90%
Mathematics	50.00%	63.90%	59.60%
Memory retrieval	20.00%	48.60%	43.50%
Paying attention	33.30%	36.10%	34.80%
Reading	40.00%	37.10%	39.10%
Remembering	40.00%	51.40%	47.80%
Organization/time management	10.00%	38.90%	31.90%
Seeing classroom objects	0.00%	8.60%	6.50%
Sitting still	50.00%	35.10%	37.50%
Speaking to crowds	50.00%	70.30%	66.70%
Spelling	30.00%	51.40%	47.80%
Staying on track	30.00%	34.30%	32.60%
Study habits	40.00%	47.20%	44.70%
Talking with teachers or others	60.00%	22.90%	30.40%
Test anxiety	60.00%	66.70%	63.80%
Learning/remembering new vocabulary	30.00%	37.10%	37.00%
Working independently	10.00%	11.40%	10.90%
Writing papers	30.00%	40.00%	39.10%

The academic "history" of RtS participants was also of interest as a research question. A variety of questions (**See Table 42**) address the issue of continuity in a person's education, this time looking to see if differences emerge between Drop-outs and Completers. In particular, did one group change schools, drop out, or get suspended; more often than the other, and if so, what might the reasons be? Were the Drop-outs, for example, continuing a pattern of dropping out that had been established earlier? Indeed, the Drop-outs changed schools with more frequency (60% vs. 37.80%) than did the Completers. And, more of them had dropped out of school (70% vs. 48.60%) than did the Completers. Further, Drop-outs were either suspended or expelled at a much higher percentage (55.60% vs. 32.40%) than were the Completers. With regard to reasons for dropping out, pregnancy was a significant issue for the Drop-outs group and accounted for 60% of the reasons. Pregnancy was a relevant issue for the Completers (50%) also. Finally, boredom and wanting to work accounted for some of the reasons the Drop-outs left school.

Table 42

Dynamics of School Attendance

	Participation History		
	Drop out n = 10	Completed n = 37	Totals n = 48
Did you ever change schools for a reason other than those typical of the district? Yes	60.00%	37.80%	43.80%
Were you suspended or expelled from school between kindergarten and 12th grade? Yes	55.60%	32.40%	36.20%
Did you drop out of school between kindergarten and 12th grade? Yes	70.00%	48.60%	52.20%
If yes, please list the reason why you dropped out.			
Bored	20.00%	0.00%	5.90%
Wanted to work	20.00%	0.00%	5.90%
Pregnancy	60.00%	50.00%	52.90%
Family problems	0.00%	25.00%	17.60%
Failing	0.00%	8.30%	59.00%
Other	0.00%	16.70%	11.80%

Certainly transportation issues are mentioned quite often when is comes to barriers to employment. This research pursued questions addressing this point. **Tables 43** and **44** document responses to these questions. They show that ownership of one's own car is surprisingly low for Drop-outs groups (22.20%). Conversely, 45.80% of the Completers owned their own car.

Both groups seem to have reasonably good access to transportation. However, less than half (42.9%) of the Drop-outs said their car was reliable. Further, only 44.4% of them had a current driver's license, compared to 56.8% of the Completers. Finally only 33.3% of the Drop-outs said they had a car that was registered and insured, while 61.5% of the Completers said their car was registered and insured.

Table 43

How do you mostly travel around the community?

	Participation History		
	Drop out n = 9	Completed n = 32	Totals n = 42
Own car	22.20%	43.80%	40.50%
Parent's car	11.10%	6.30%	7.10%
Bike	0.00%	6.30%	4.80%
Bus	11.10%	9.40%	9.50%
Friends drive	11.10%	6.30%	7.10%
Other	11.10%	6.30%	7.10%
More than one response checked	33.30%	21.90%	23.80%

Table 44

Transportation Information

	Participation History		
	Drop out	Completed	Totals
Do you have a current driver's license?	44.40%	56.80%	55.30%
Do you have reasonable access to transportation?	77.80%	76.50%	77.30%
Is your car registered to you and insured?	33.30%	61.50%	57.60%
Is your car reliable?	42.90%	62.50%	59.40%

A final set of questions regarding availability of resources beyond reliable and available transportation that a person typically requires were also administered. In particular, reference was made to the need for childcare while working, work clothes or

tools, and a telephone for communications with employers. Telephones seem to be available to the majority of both groups. Similarly, both groups expressed nearly the same level of need for childcare. The need for clothing and/or tools for work was higher among the Drop-outs (100%) than among the Completers (77.80%). (See **Table 45**).

Table 45

Available Resources

	Participation History		
	Drop out n = 9	Completed n = 37	Totals n = 47
Do you have a telephone or reliable ways to receive messages from employers?	77.80%	81.10%	80.90%
Do you need childcare while you work, look for work, or participate in training?	66.70%	63.90%	65.20%
Do you need work clothing, tools, or other necessities for work?	100.00%	77.80%	82.60%

Pre/Post Questionnaire

The initial instrument consisted of one hundred four items intended to measure eleven core areas. The core areas were comprised of: being positive, self-sufficiency, coping with conflict, rights and responsibilities, communication, interests and preferences, time management, decision making, teamwork, stress management, and work ethic (consult the Appendix for question format). The eleven core areas translated into subscales that could be scored. We hypothesized that after workshop participants completed the curriculum that the mean score of the participants would improve reflecting greater skills on knowledge.

We planned our analysis of the pre/post data such that we might find an explanation for relatively high attendance rate exhibited by the RtS participants. High attendance was a surprise – especially given the hypothesis "from the field" that welfare recipients were not at all likely to participate in a workshop every day for six weeks. Thus, the question of particular interest was – What accounted for that high attendance? What motivated participants to come to this particular workshop. After collection of the data and review of the content as provided in the curriculum, five of the eleven core areas were selected for analysis of this phenomenon.

- **Being positive** subscale is thought to measure the degree an individual is excited by a new opportunity, positive thinking, and measuring internal versus external locus of control.

- **Communication** sub-scale attempts to assess the degree to which participants are aware of the key variables in communicating with another person, barriers to good communication, and the ability for individuals to resolve conflict.

- **Time** management sub-scale measures the ability of the individual to plan their day to effectively meet their goals.

- **Self-sufficiency** sub-scale gauges the degree which individuals are moving toward independence with work, family, and personal goals.

- **Work-ethic** sub-scale addresses how positive individuals are toward their work, including dedication and commitment.

Results of analysis were encouraging with three of the five subscale means indicating positive change between pre-test and post-test measures. **Work ethic**, **communication**, and **self-sufficiency** all showed increase of mean subscale scores. Although the results of the pre- and posttest are encouraging, we should be cautious in interpreting the results. This caution is grounded primarily in the fact that the pre/post instrument was changed between the initial research in the fall semester and later work in the spring semester. During the course of data collection, questions were raised

concerning the reliability and length of the instrument. After consultation, the survey was revised to consist of eighty items. Future studies may assist in validating these results.

In addition to the removal of some items that were deemed repetitive or worded awkwardly, ten new items were added to the instrument. The ten added items consisted of questions to assess whether or not the workshop participant was learning the curriculum's Instructional Principles. The "core" areas of the Instructional Principles included questions on: to describe, to model, to verbally rehearse, to do controlled and advanced practice, and to generalize. The addition of the 10 items was an attempt to validate two things. First, was the instructor using the Instructional Principles in such a way that the workshop participant would be able to at least recognize the terms and attach appropriate definitions to them? Secondly, did the participants learn how to use the instructional principles for themselves? For example, the question below attempts to elicit if the workshop participant has 1) been taught the Instruction Principle of "describe" 2) comprehends of the concept of "describe" 3) and is able to apply the concept of "describe" in a learning situation.

Imagine a time when a friend asks you to describe your own job; what would you say or do?

A. I would explain the different parts of my job and tell them how long I had done it.
B. I would show them the official job description.
C. I would explain the parts of my job and include how my job fits in with other work activities.
D. I would tell them it was pretty easy after you get the hang of it.

Effect Size Calculations

Scale	Post Mean 1	Pre Mean 2	Std. Deviation	Effect Size	
Work Ethic	31.6098	29.2195	3.4776	0.687341845	Medium
Time	9.1905	9.6429	2.1437	-0.211036992	Low
Communication	10.1277	7.234	4.444	0.651147615	Medium
Self Sufficiency	23.5333	20.8667	3.6515	0.730275229	Medium
Being Positive	7.1429	7.9286	1.3166	0.596764393	Medium

SECTION V

Focus Group Data

Five focus groups were held in four Road to Success workshop sites. These groups met after completion of each workshop. Participants were advised well in advance of the workshop, were involved in determining the meeting dates, and were reminded by mail regarding the time and place for the event. They were paid for the two hours time they spent in the session.

Participation rates in each of the focus groups was very high. Pittsburg had eight participants; Independence had six participants; Hutchinson had seven participants; Kansas City's two sessions had five and six participants respectively. This seemed to be a welcome opportunity for many of these participants to see one another again (although several people in each group had continued to maintain fairly regular contact with one another. Questions addressed the key themes that are identified as section headings. Significant issues and comments relative to each theme are bulleted below.

Valued Elements of the Curriculum

- A key experience that was articulated by several persons in EVERY group related to a new sense of 'community' or belonging to a group that had something in common. This 'community' had been achieved as a result of the RtS workshop. Some individuals expressed the idea that they were living somewhat isolated lives with limited opportunities for contact with others. The workshop gave them a new opportunity to do that. "We began to understand and build a 'network' and to "see how valuable that is." "We came in as strangers and left as friends"...

- Teachers were universally praised as being committed to their work, good listeners and willing to be 'real' with their students.

- Participants felt that they were taught "as adults" and treated as "responsible" persons. That was described as being different from their experience with government agencies and people.

- The workshop had an appropriate "pace". Everyone was brought along to learn at their own speed. Part of the sense of community grew from this aspect.

- Participants felt a VERY strong sense of accomplishment at having successfully made the adjustment to a daily (early morning) routine.

- Class size was also of critical importance; because it was important for everyone to 'get' the material, to understand and participate in it, the size of the class was seen to be about right. Eight to ten participants seemed optimum.

- Communication skills [especially interviewing] improved considerably because participants practiced those skills nearly everyday.

- Valued topics were: learning to use a computer for the first time (where that was available), resume writing, team building, self-esteem, goal-setting and stress management.

- Elements of the curriculum that utilized strategic methods were valued greatly; e.g., the use of acronyms (e.g., FACTS) drew an enthusiastic response.

- "At first, I didn't like the fact that my case manager forced me to take this class! But I gave her a hug at graduation!"

Significant Barriers

- Particularly in the fall sessions, caring for sick children was described as the biggest barrier to attendance. However, safe and reliable childcare was a major concern for many participants regardless of time or workshop site. Good childcare was reportedly hard to find under any circumstances. RtS classes that conflicted with the holiday schedules for formal childcare facilities often led to problems. Baby sitters was the obvious option but it too is hard to find. Family members had seemingly already been relied upon and were less willing/available than might otherwise be the case.

- Reliable transportation was a common problem; in Hutchinson, the bus [RCAT] system was a definite asset. There were common examples of participants helping one another out re: transportation to the workshop. Some participants walked and even bicycled to class.

- Adjusting to an 8 AM start time was often difficult. This early start was often, but not always, connected to children and/or transportation. Participants were very forthcoming about the fact that they were faced with having to change their own patterns and habits. The fact that they eventually did so, was a source of pride and accomplishment.

- Sometimes 'security' vis-à-vis domestic violence issues surrounding the living situation of a participant was an issue.

- One participant was over eight months pregnant when referred to RtS. She had her baby prematurely. She had already determined to give her child up for adoption. Four days after leaving the hospital, she returned to class.

- Some participants reported (and teachers confirmed) a good deal of difficulty reading the curriculum materials.

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Recruitment and Preparation for Participation

- In nearly all situations, the workshop was not a matter of choice. Participants were simply told to go to the workshop or risk losing their benefits.
- According to many participants, neither incentives nor incentive 'plans' existed for attending and completing the RtS workshop. [This perspective conflicted with case managers' reports for some participants].

Suggestions for Changes

- Lengthen the class beyond six weeks [e.g., eight weeks]? OR, instead of half day activities that use up whole day, consider all day classes and shorten each week.

- Maintain weekly individual meetings with the instructor but also do job search activities one day per week.

- Add a "job shadowing" component to Road to Success.

- In most locations, interactions with case managers during RtS were almost non-existent. Participants varied in their response to this fact. Some participants resented the fact that their case managers knew nothing of their work in RtS. Some felt like the case managers would benefit from taking the course themselves. Some were resigned to the fact that their case managers were not really interested in them.

- A few participants expressed the desire that there be more of a focus on the consequences of disabilities as barriers to learning.

- Suggestions for the task of 'marketing" *Road to Success* to other adults was couched in terms of: helping adults in the areas of: job readiness, goal setting, and identifying your own strengths and weaknesses.

- It was often suggested that *Road to Success* was described to the participants as "a REAL step into a REAL job". However, when we developed a "sense of direction" and "we got some momentum", there was "no where to go with it."

- It was suggested that there be legitimate follow-on activities available for RtS participants to pursue after the workshop. Follow-on activities were reportedly promised but never materialized. Or, they were made available to only some participants. The decisions on who received this activity were made in what was described as very arbitrary ways.

- More than one person in each group was vocal in saying, "We would be willing to act as mentors to the next group!"

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Anecdotal "evidence" - from an Adult Education coordinator

In reference to our conversation, there a couple of things that I feel have helped our attendance/participation in Road to Success. A week before the workshop started, SRS hosted an informational meeting. In attendance were participants, caseworkers (SRS and VR), SRS chief, and myself. The prospective participants had the opportunity to meet me and to ask questions about the program. The benefit was that participants and caseworkers heard the same responses to questions. It also let the participants know that we wanted them there and that we were Hutchinson Community College and not SRS.

On the first day of the workshop, we invited the caseworkers to join us at 8:30 AM for coffee and donuts. It made for a relaxed start and it gave the participants a chance to meet more of the staff. I did a welcome, thanked everyone for being there, and talked to them about some of the expectations. Again, everyone had an opportunity to ask questions and to hear the different responses.

We have two staff trained (in RtS) and they have worked out a shared schedule. We also feel that this gives us a substitute in case someone is sick. One of the trainers' works for Job Service and this gives participants a familiar face to look for during job search. Even when this person (Sally) is not in the session, she is in the building and RtS participants can see that. It is an indication that there are now three agencies working together to meet their needs.

Our ABE program is co-located with Job Service. We provide the workshops in this same building. Some of our clients lack a GED/high school diploma. They have met some of our instructors and two have signed up to begin classes once their RtS workshop is completed. Because they have completed most of the testing we require to enter the ABE/GED program, they will be able to enter the program without having to go through the regular orientation process. I believe it contributes to their comfort level.

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SECTION VI

Lessons Learned

A number of significant lessons that have implications for the implementation and direction of *Road to Success* or others activities like it have resulted from this project. These have been outlined below; they do not occur in any prioritized order.

1.) *Specifying the intended criterion (outcome)*

Project staff should carefully consider their indicators of success. An intervention like RtS was designed to improve the participants' employment outcomes. Unfortunately, many participants were not in situations in which employment was an option. Employment may not have been possible due perhaps to personal circumstances (e.g., unreliable child care, poor health, or limited transportation) or community circumstances in which they lived (e.g., poor job opportunity conditions).

Sometimes case managers were not in a position to follow-up with participants and report the employment outcomes. One would want assurance that the indicator of success was (a) relevant to the project's purpose, (b) readily collected on all participants, (c) or, could be measured consistently across all participants, and (d) was sensitive enough to indicate different levels of success. The concept about "different levels of success" is that a dichotomous outcome (employed/not employed) doesn't reflect variation that might be important such as number of hours employed, type of work, work responsibilities, earnings, job retention, career opportunities, and so on. If knowing how well persons perform on the intervention (e.g., RtS) relates to various levels of success, we have to be sure that our measures allow us to capture that variation.

2.) *Intermediate indicators of success*

Choose intermediate measures of success that are related to the intended outcome but give an index of progress toward that outcome.

Sometimes we want to assess performance on progress measures and look at the relationship of participants' intermittent progress toward the intended criterion or outcome. For example, daily participation or attendance could be important to explaining how a person performs on the outcome (e.g., employment success). If a person signed up for RtS but attended only 20% of the classes, we might expect her ultimate success (e.g., meaningful employment) to be less likely than a person who attended daily and was actively participating. If we analyzed the results for both persons the same or had the same outcome expectation for both persons, we could easily error. Thus, recording participation indicators (e.g., attendance pattern, effort, and commitment) can add new meaning to the results. Similarly, collaboration with team members (case managers, potential employers, and instructors) might also explain how a person performs on the intended outcome of 'sustained, gainful, employment'. If a person is highly collaborative in their classes, we might expect his/her ultimate success to be more likely than a person who was not actively engaged with others. Again, if we analyzed the results for both persons in the same way, or had the same outcome expectations for both persons, we could easily error.

3.) *Confounding effects*

One of the important questions in intervention studies is knowing whether the intervention per se can account for the positive changes.

In a project like RtS, the results appear to be positive. Further, those results appear tied to the RtS curriculum and instructional methods. One hypothesis is that the positive results could have been due to the extra attention that the case manager and teacher provided to the participant. Maybe the positive outcomes would have happened if we had taught participants *any* particular novel skills (e.g., horseback riding) rather than the five RtS units. To demonstrate the linkage between the intervention and the outcome, a control group or contrast group is needed. In addition, the results should be tested through repeated replications (such as this project provided across multiple sites with multiple groups of participants and different teachers).

There is a second issue about confounding influences. Projects should consider how they address the variation that is likely to occur in learning opportunities or intervention opportunities. For example, consider the idea of 'collaborating team members' (within RtS, team members were the participant, the instructor, the case manager, and potentially, the employer) as an intervention. If an intervention focused on how frequency of contact with a case manager influenced length of time on cash assistance, one would want to know if everyone had the same opportunity for contacting a case manager. Imagine that for one person a case manager is easy to contact because of a reduced caseload, physical proximity, accessible resources, and ample opportunities. For the second person, imagine that the opportunities for contacts were significantly limited due to a case manager's high caseload, the geographical distance to seeing a case manager, the lack of resources for contacting a case manager, or a mismatch in schedules. Frequency of contact wasn't tested adequately because for the second person at least, too many circumstances (unmeasured variables) mitigated those opportunities. We want to be certain that everyone is on a level playing field when the question is whether or not an intervention plan was effective.

4.) *Longitudinal analysis*

Measuring intended outcomes, particularly of interventions such as RtS, is often an activity that requires longitudinal analysis. In the same sense that intermediate measures of performance are important, many outcomes are best measured some time well after the intervention has been completed. While measuring performance toward a goal at the end of an intervention is critical, the intervention may have its intended outcome further out in time. A follow-up study of participants in programs like RtS has the potential to be very meaningful both in terms of the 'residual' impact of the program itself [e.g., are the skills taught still in use?] and for determining if, in fact, the participants did achieve the intended goal of sustained employment.

It is also important to remember the fact that elapsed time, i.e., time "since the intervention" also invites real-life, mitigating circumstances to enter into the equation of forces that may or may not have an impact on the intended outcome. In longitudinal research, it is

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important to make a conscious effort to become aware of, and then account for, those circumstances.

5.) *Infrastructure*

Many projects such as this require the collection and coordination of currently existing information. In those worksites where attention to the importance of maintaining good data exists, information flow greatly enhances the efficiency and effectiveness of project development and implementation. Where good data records are not maintained, project implementation is significantly inhibited.

The magnitude of this issue is compounded when completely new instruments and data management process are introduced. When new data collection instruments and data management processes are needed, efforts to reduce the impact of this change (e.g., by further consolidating instruments and avoiding duplication) are still needed. Additionally, greater emphasis (and proof) on how these new tools and processes can actually improve program effectiveness and reduce workloads is needed.

6.) *Identification of appropriate target populations*

It is important to be able to accurately determine who, what and where appropriate populations are in 'the system'. Are they currently eligible and available for services, soon to be eligible and available, or soon to be ineligible?

The value of current and effective data has practical as well as programmatic implications. Programs and services are often targeted to populations with specific needs. RtS is a perfect example of this strategic use of time and resources. If organizational data is current and complete it can be used to accurately identify and prioritize effective use of limited resources. In the case of RtS, these resources were targeted for uses with adults with learning disabilities whom it was believed were currently available in relatively significant numbers across the state. However, when it came time for program implementation, the actual number of clients eligible for referral into the program was significantly less than expected. As a result, the appropriateness of the program with regard to different populations had to be determined. At that juncture, new eligibility guidelines for additional adult populations were established and used.

7.) *Liaison support between and among agencies*

Projects will likely run smoother if the communication lines among the involved parties are clearly established and sufficient resources, including effort, can be provided over a sustained time period. This seems especially true when projects are purposefully designed to bring about collaboration between longstanding bureaucracies that have institutionalized their methods of doing business independently.

Numerous issues seemed effective barriers to project implementation (e.g., local buy-in, sufficient staffing support, providing local funds). These issues were eventually resolved and generally in a positive manner. During that resolution stage, however, time and resources were

redirected from their intended purposes. Laying the groundwork and building the support network are very important to projects' success.

A unique opportunity for creating this kind of positive groundwork occurred recently. SRS case managers from various offices and adult educators from various community colleges participated side by side in a three-day RtS training at the 2002 Adult Education Summer Institute. Both groups developed a common understanding the content and process of the program. In terms of cooperation, they developed a mutual respect and appreciation for the different roles each group played with respect to a common client/student. Perhaps more importantly, they recognized how they could conceivably move *beyond cooperation* with one another and toward genuine collaboration. More opportunities for this kind of experience could prove invaluable.

8). *Programmatic issues*

Initially RtS was designed to address the particular needs of adults with learning disabilities. However, at the time of the project's implementation the pool of eligible adults with *identified* learning disabilities was smaller than anticipated. The question became: is this curriculum with its specific method of teaching appropriate for use with persons with low cognitive capacity. In particular, since most SRS clients had CASAS scores and/or IQ scores, would *Road to Success* be appropriate if used with individuals with below average scores on any of these instruments. After consultation, the consensus was 'yes' (based on professional judgments and preliminary research). The success that was had in *Road to Success*, particularly in the three Kansas City workshops where the overall cognitive functioning of the participants (as measured by the CASAS) was uniformly low, strongly suggests that those professional judgments were accurate. Road to Success is appropriate for this population.

One of the stated assumptions in the initial project design identified routine communication and "collaboration" between the RtS participants, the case managers, and instructors (and employers where possible) was central to the success of the project. This 'team' communication was an infrequent occurrence at best. While many participants persevered successfully without this collaboration, we still believe that successes would be more assured and achieved for more participants, had more collaboration occurred.

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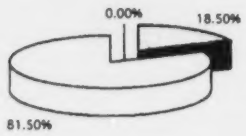
Appendix

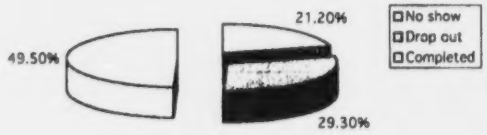
Chart 1: Participation History by Road to Success Site

Kansas City Participation History

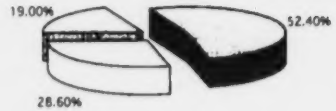


Labette Participation History

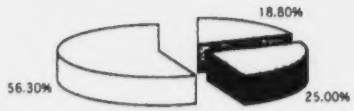
Total Participation History



Independence Participation History



Hutchinson Participation History



Pittsburg Participation History

Chart 2
Participation Distribution by CASAS Competency Score
N = 76

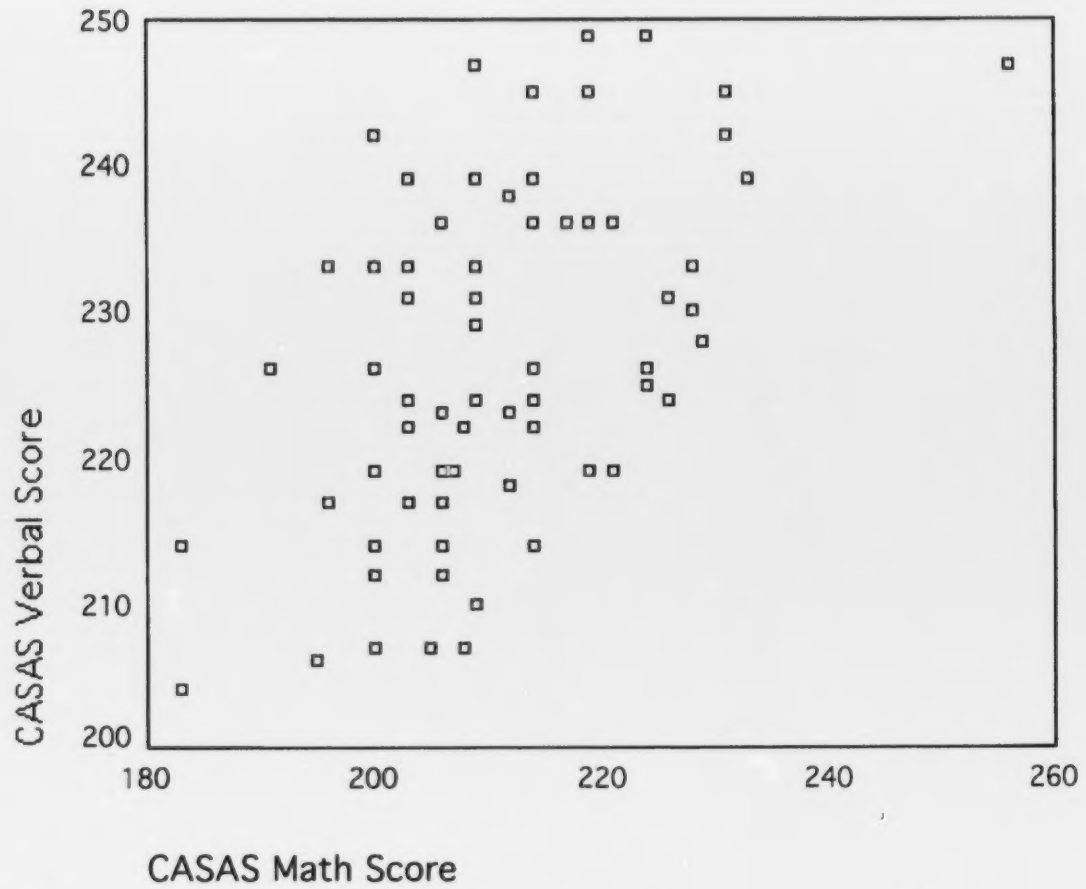
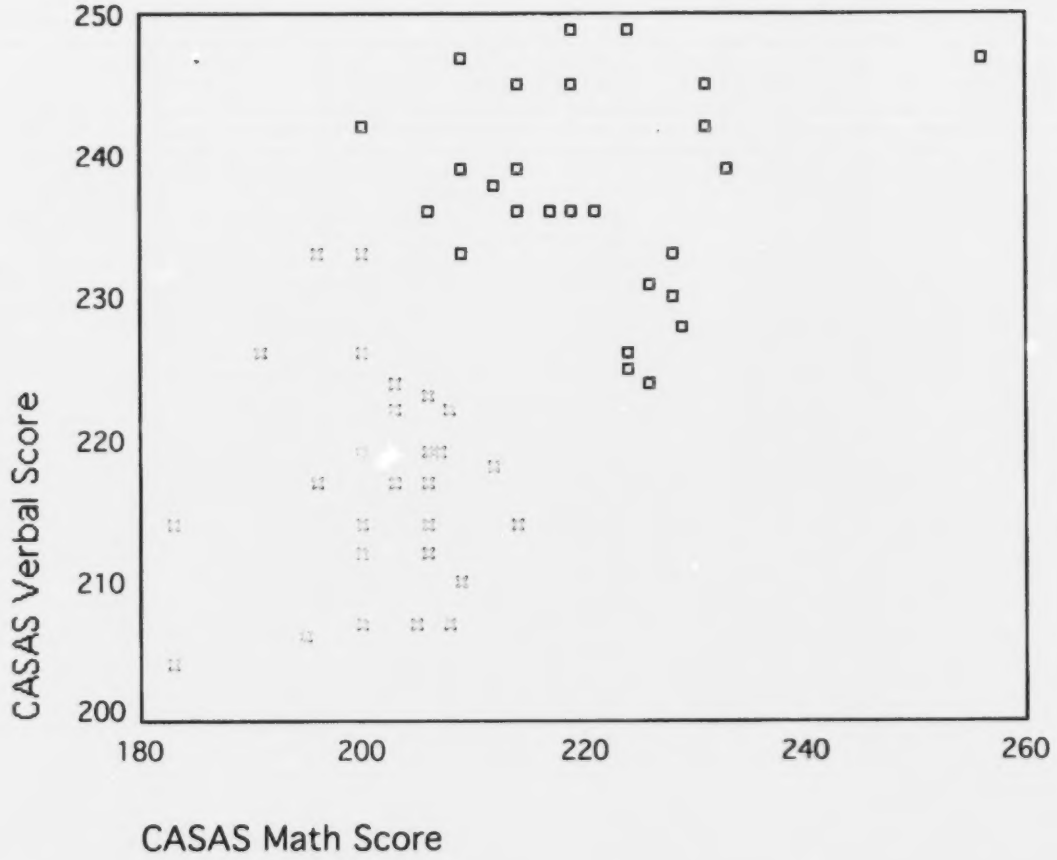


Chart 3
CASAS Competency Score by Competency Group
n=62



CASAS Competency Groups

= Lower

= Higher

Chart 4: CASAS Competency Group by Participation History

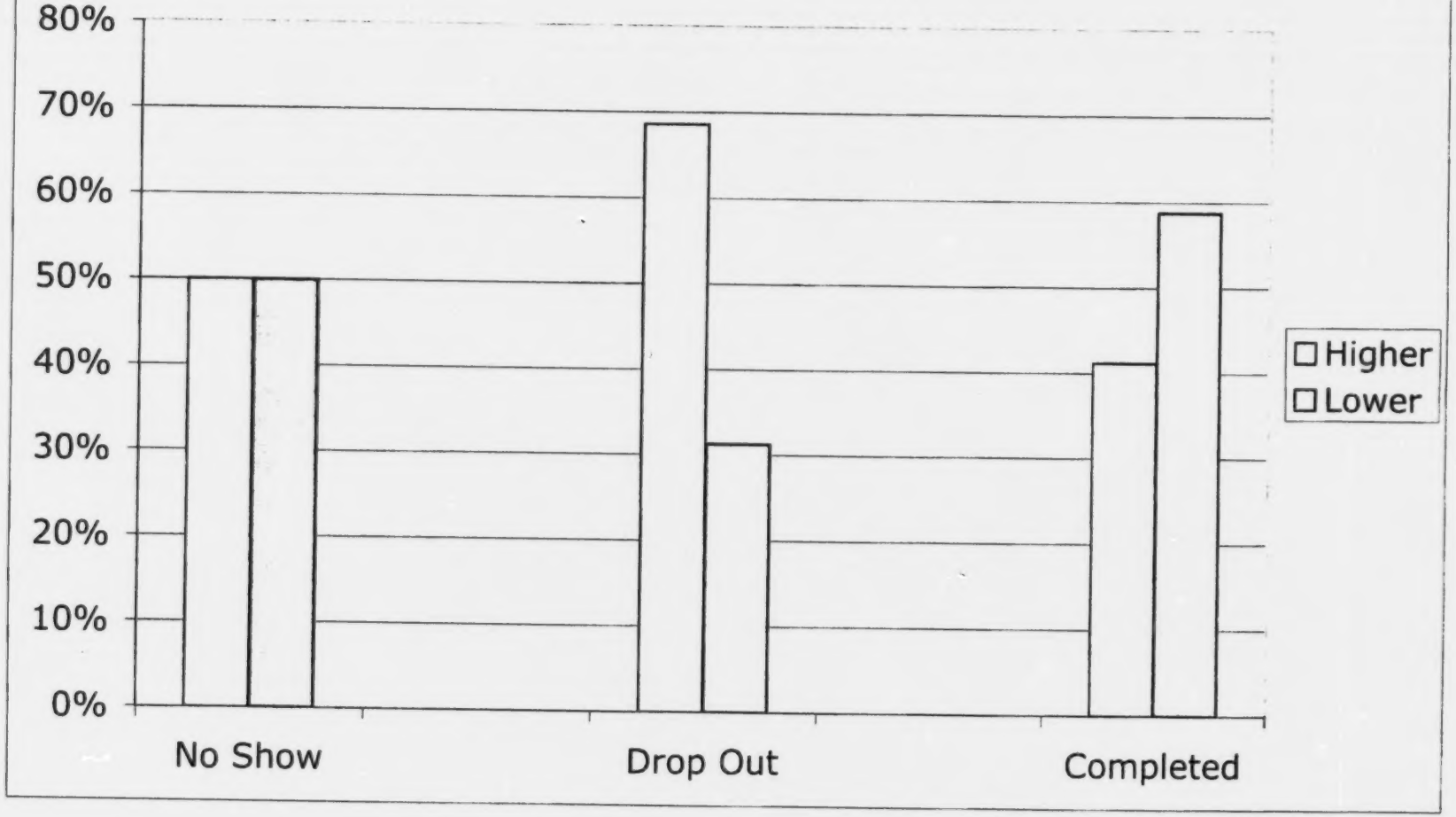
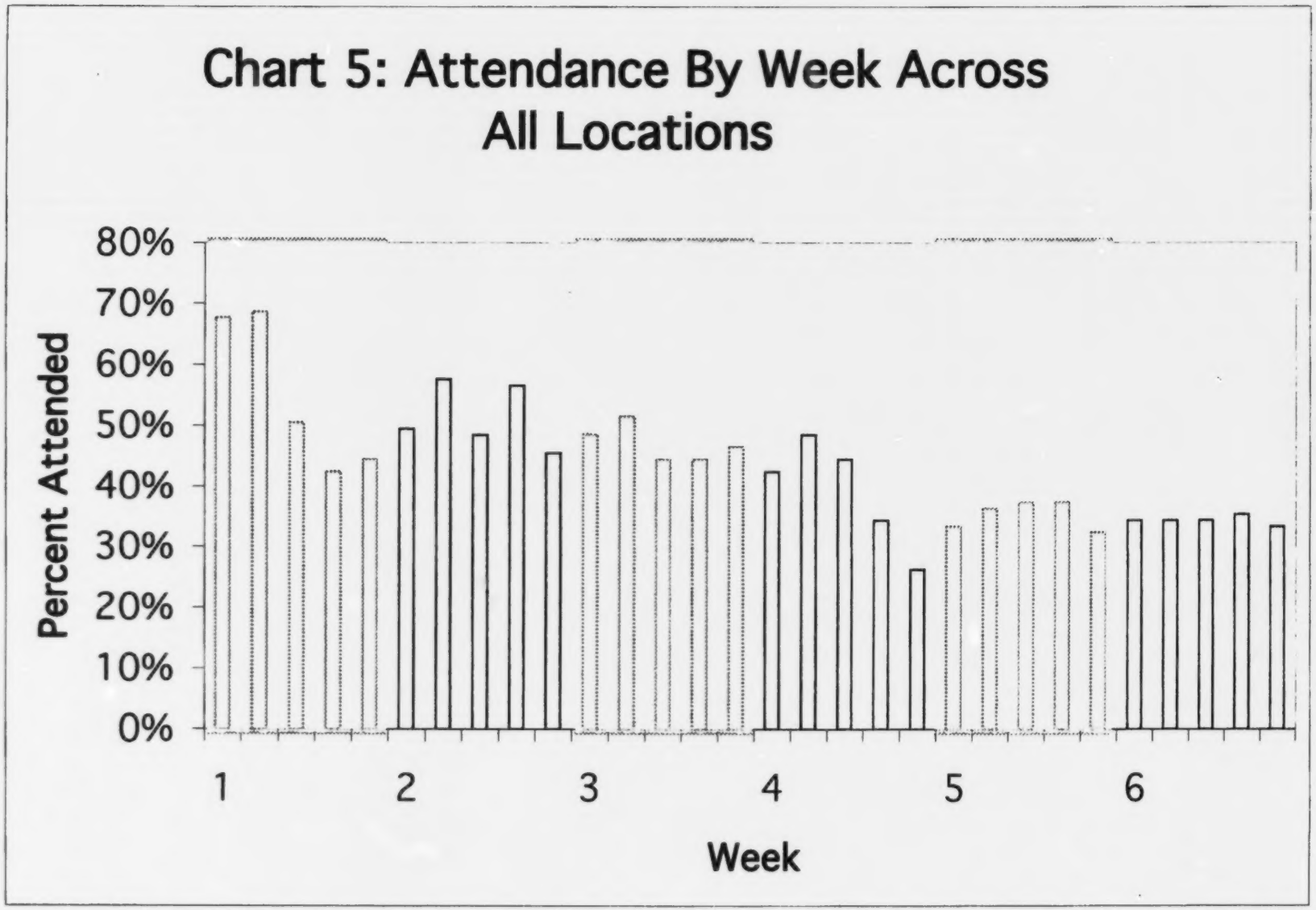


Chart 5: Attendance By Week Across All Locations



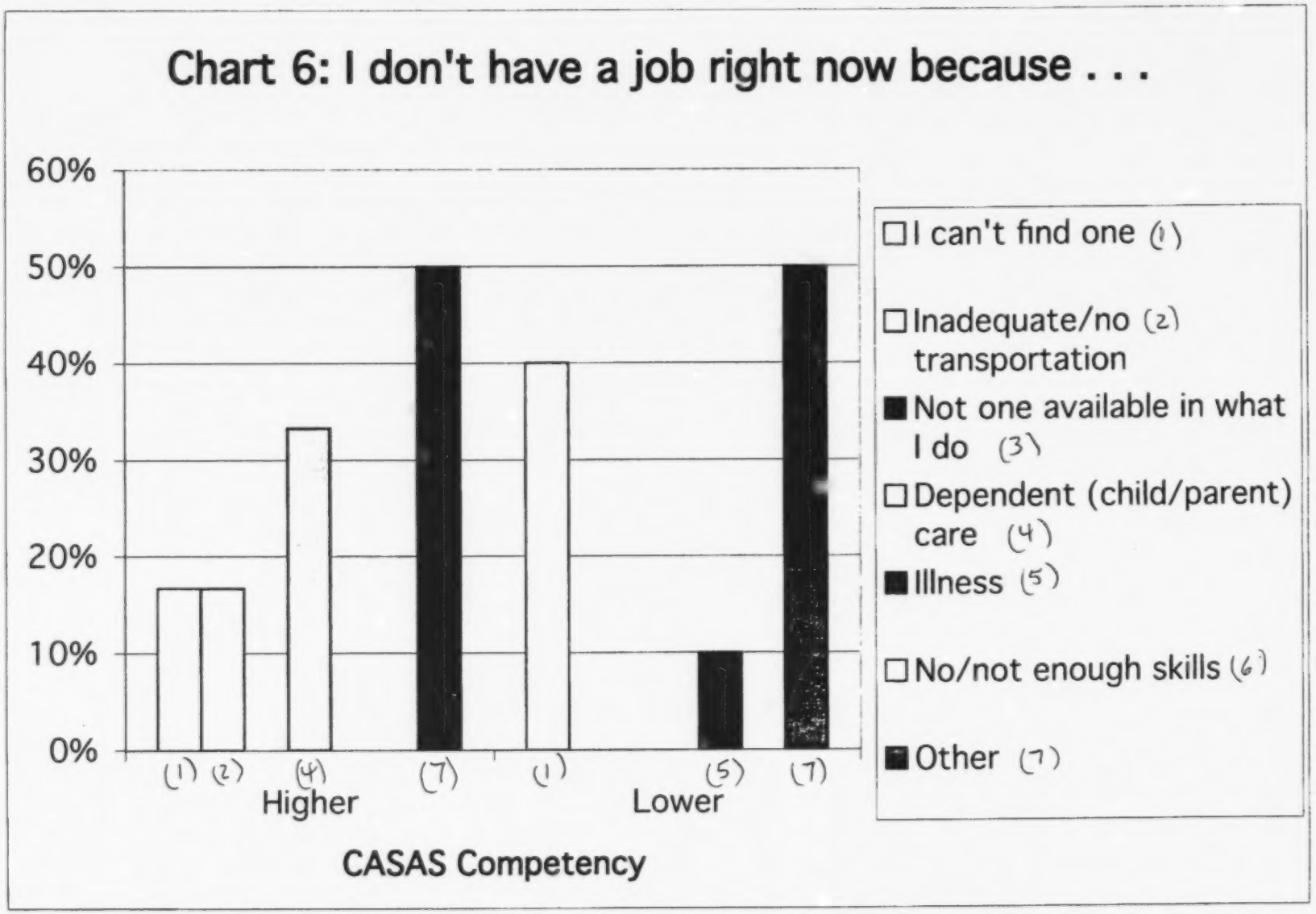


Chart 6: I don't have a job right now because . . .
60%
50%
40%
30%
20%
10%
0%
(1) (2) (4) (7) (1) (5) (7)
Higher
Lower
CASAS Competency
I can't find one (1)
Inadequate/no (2) transportation
Not one available in what I do (3)
Dependent (child/parent) care (4)
Illness (5)
No/not enough skills (6)
Other (7)

Chart 7: What work activities are difficulty for you?

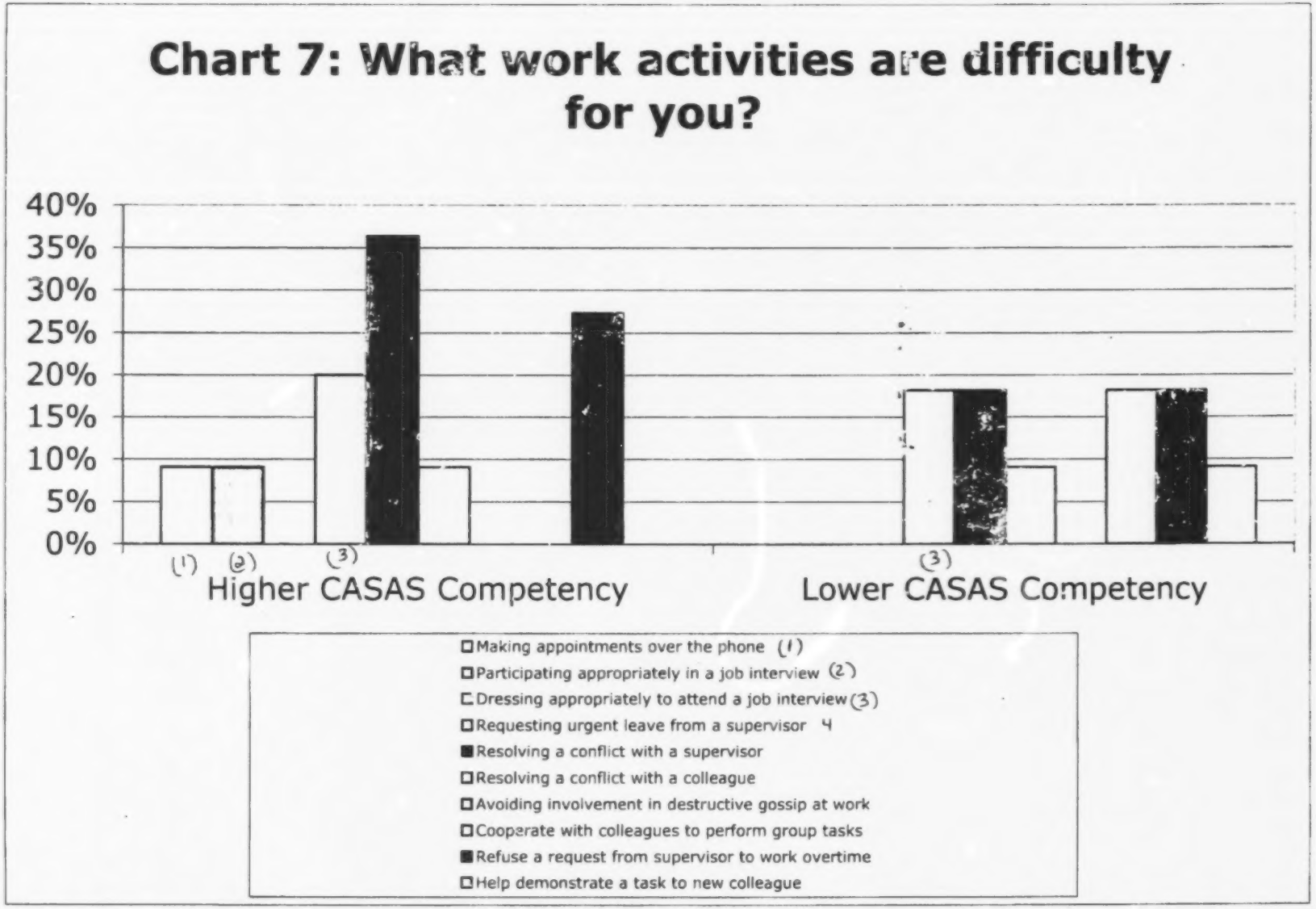


Chart 8: To what do you attribute any problems you had in school?

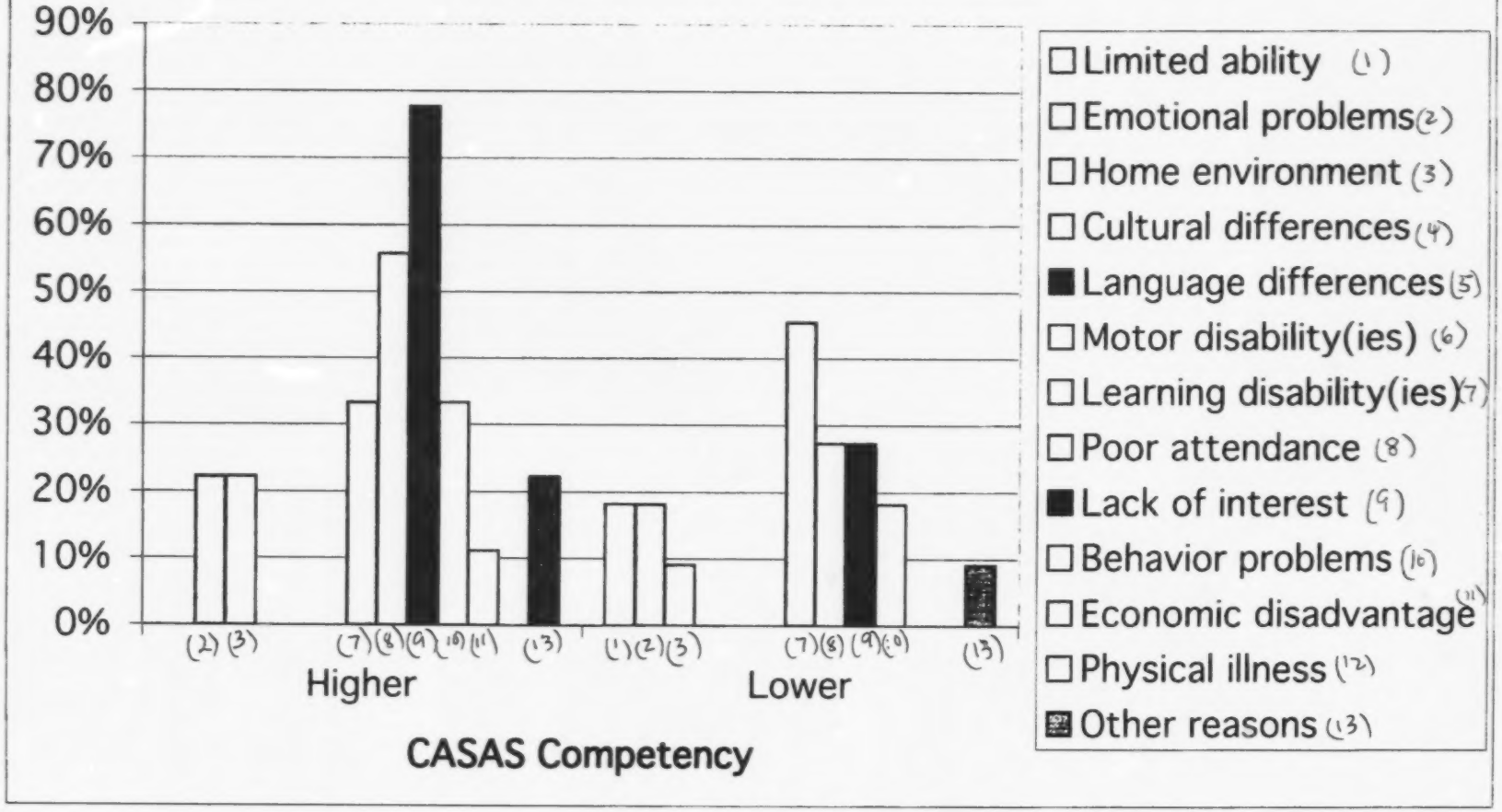


Chart 9: In which areas did you experience difficulty in school or at work?

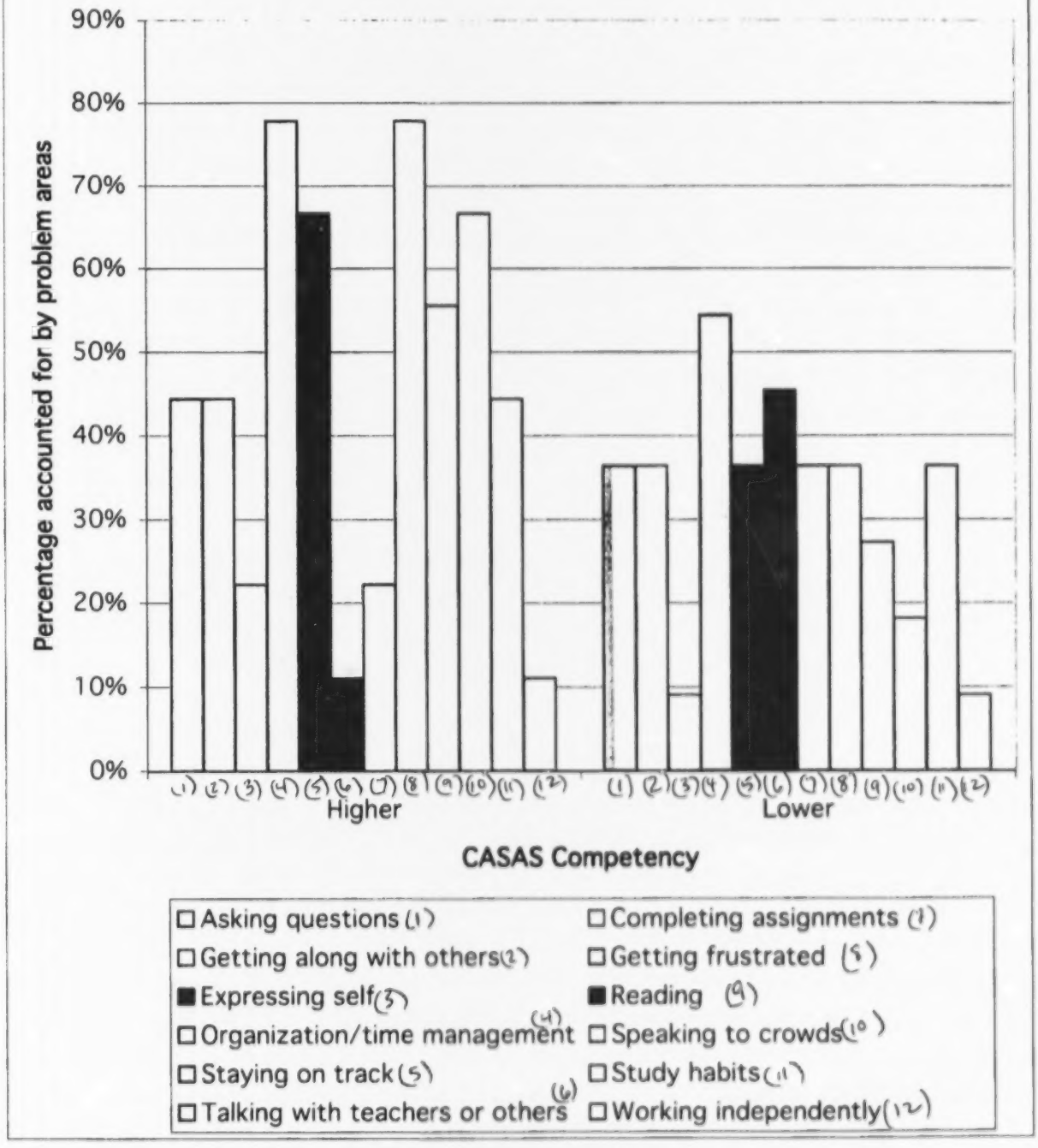


Chart 10: What work activities are difficulty for you?

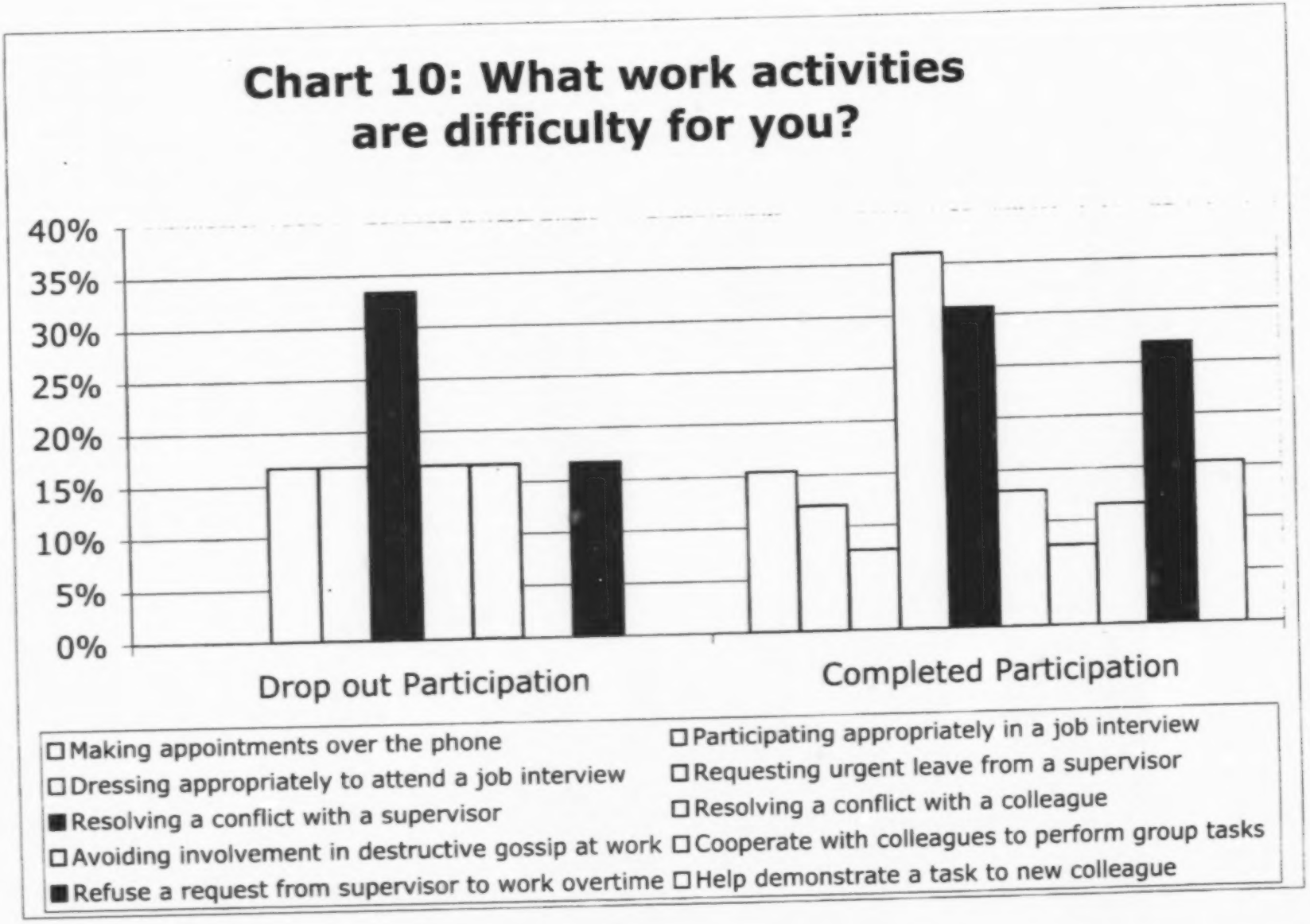


Chart 11: I don't have a job right now because. . .

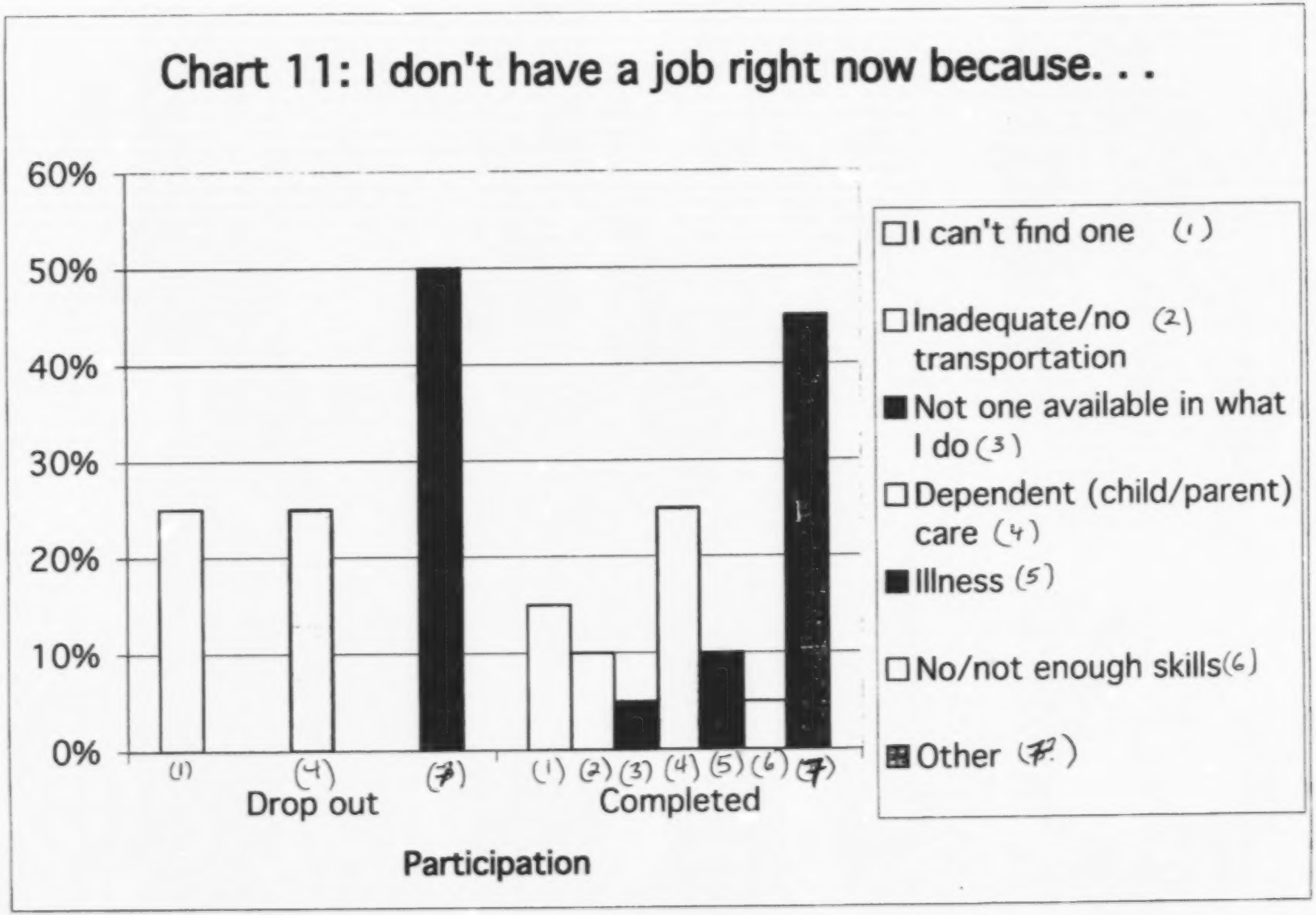
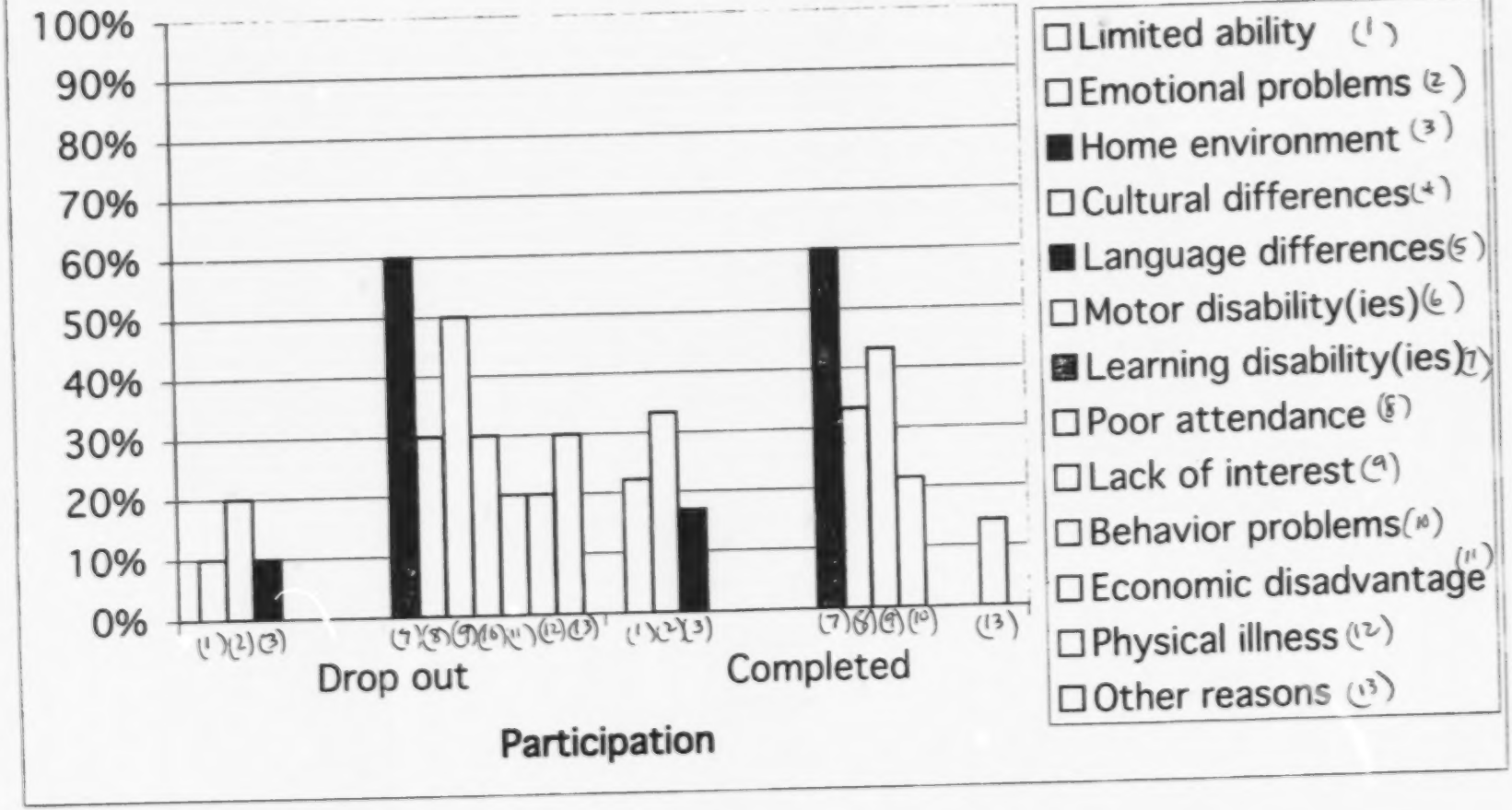


Chart 12: To what do you attribute any problems you had in school?



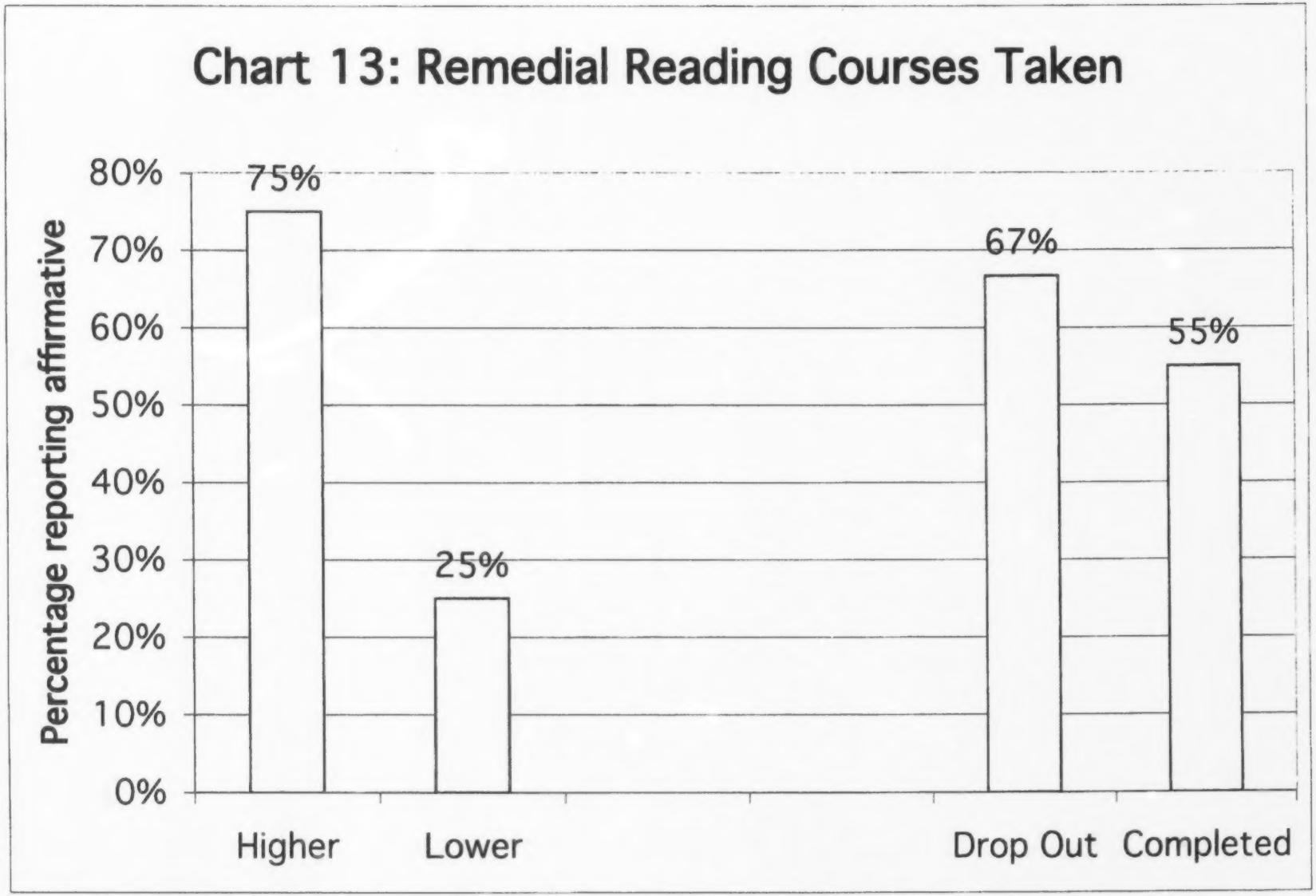
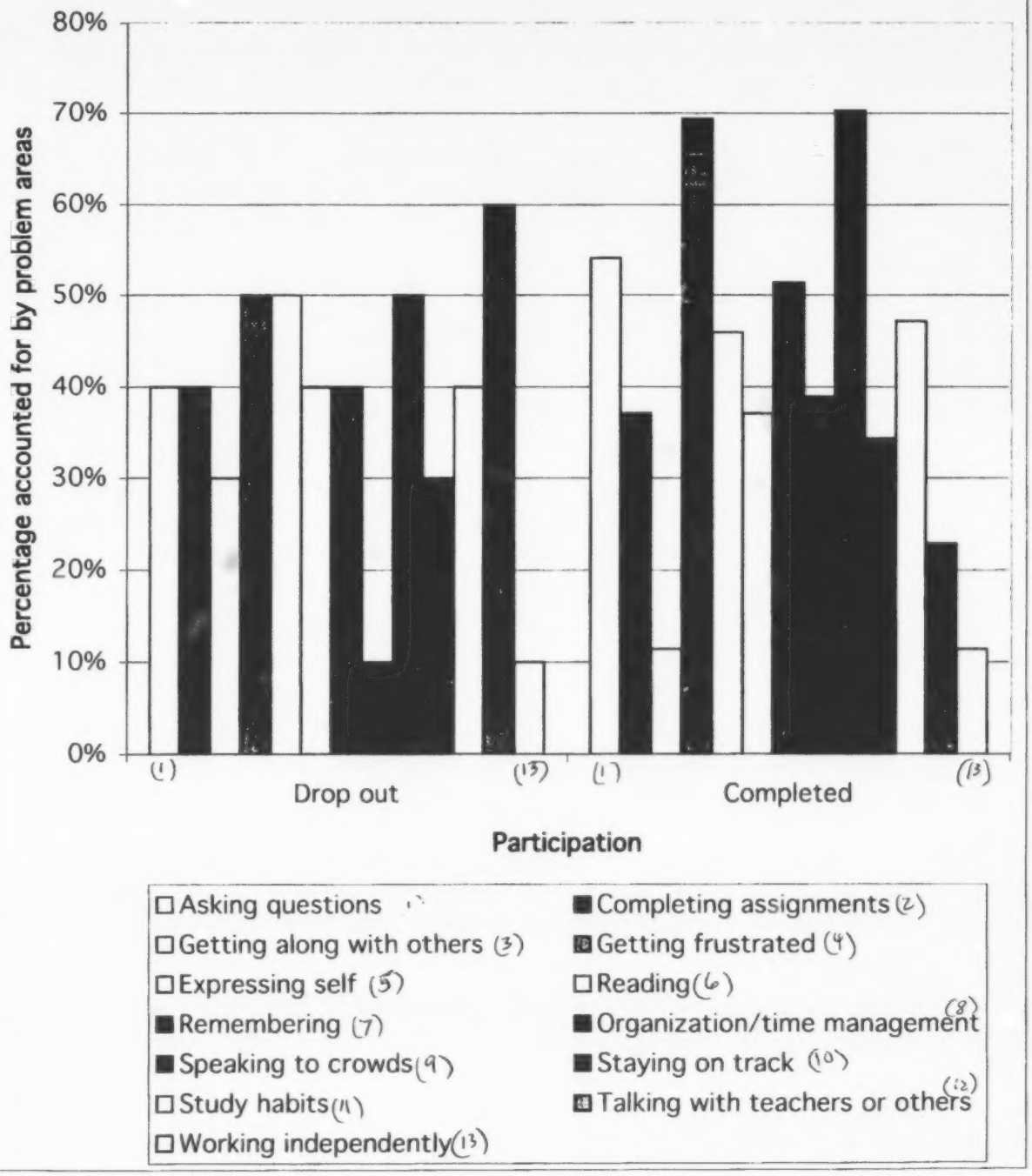


Chart 13: Remedial Reading Courses Taken
Percentage reporting affirmative
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
25%
67%
55%
Higher
Lower
Drop Out
Completed

Chart 14: In which areas did you experience difficulty in school or at work?



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